MONITORING AND SELF-EVALUATION

A Handbook for Youth and Family Counselling Programs

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The Juvenile Crime Prevention Project is a jointly sponsored project of the Ministry of Attorney General of British Columbia and the Solicitor General of Canada.

FOREWARD

'Monitoring and Self-Evaluation' is for program managers. The following handbook provides detailed step-by-step instruction on the monitoring and evaluation of delinquency prevention, youth and family counselling programs located in police departments throughout the province of British Columbia. This process of assessing social service programs was developed in the course of evaluating youth and family counselling programs funded by the Juvenile Crime Prevention Project, 1980-1984 (a project funded by the Ministry of Attorney General and the Solicitor General of Canada).

It is intended this handbook will provide sufficient instruction to program managers that they will be able to monitor and evaluate the operation of their program themselves. A complete section on the impact evaluation of a program is also provided so that program managers will be able to understand the issues and techniques involved in an impact evaluation of a program and so they will be able to assist a professionally trained evaluator in this task.

While this handbook has been developed in the context of evaluating youth and family counselling programs operating out of police departments, it has much generic information on the steps in monitoring and self-evaluation of any social service program.

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All techniques presented in this manual have been used in a 'real setting' in the monitoring and evaluation of youth and family counselling programs. Valuable comments provided by the staff of these programs have contributed to the refinement and development of simple monitoring and self-evaluation techniques.

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A FICTITIOUS STORY: NEED FOR EVALUATION

(an excerpt from Jill McKinney and David Christenson,
the Evaluation Plan Workbook, the Massachussetts
Committee on Criminal Justice, 1979)

The Redwood Youth Center

It galls me that the whole project is going to be condemned because of a few dissatisfied people.
--Bob Smith, Project Director

Late one spring afternoon, Bob Smith sat in his office at the Redwood Youth Center and stared out the window. The project was going through particularly bad times, and as executive director, he'd been called on the carpet by the advisory board.

Two years ago, a citizen action committee had obtained a federal grant to help the town of Redwood do something about increasing teenage violence. The committee had felt that the problem was caused by a lack of recreational programs, few job skills or job opportunities, and a need for professional counselling for youths. They organized the Youth Center in three units: social services, employment, and recreation. The major objectives were to redirect teenage energies into more constructive pursuits, such as team sports and job training, and to provide therapeutic counselling for teenagers referred by the Board of Education or the Probation Department.

Now, neighbors were complaining to the board that purses were being snatched and property vandalized by project youths. They questioned whether the project was anything more than another "hang-out" for disaffected teenagers. The board believed that there would soon be an attempt to oust them from their present location (an old school building that had its own recreational space in the school yard).

Moreover, rumor had reached some board members that Bob had internal problems as well. They doubted that he had control of his staff; others suspected that his personal likes and dislikes led him to be unfair with innovative or aggressive staff members.

On top of all this, the board had received notice that the funding agency had scheduled a site visit within two weeks. Because of declining community relations and staff unrest, they had made it clear to Bob that they expected him to do whatever was necessary to convince the site team that the project was worthwhile and in good hands.

While Bob was brooding about his interview with the board, Jim Wood, the head counsellor, dropped by to ask for advice on the staff problems. Before Jim could do more than open the subject, Bob began telling him about his troubles. He finished by saying, "Jim, I think this project has really accomplished a lot in the last year. It really upset me to be standing there in front of the board with very few facts in my hands to back me up. Take the staff problems; it galls me that the whole project is going to be condemned because of a few dissatisfied people."

"Your're right, Bob. Right now, we've got problems with counselling staff, who I think are hiding a lack of productivity--if not some downright imcompetence--behind an elitist front. But they're the vocal ones, and I'm worried that they may be infecting the others."

"Well, the board's right to be upset," replied Bob. "Question is, what are we going to do about it? I think I can count on the senior staff. I have to say I don't think I've ever seen a bunch of people as dedicated and hardworking as the managers here. People are working overtime, and I actually think some of you get a little bit too attached to our kids' problems."

Jim grinned. "What, us? Bob, you know that wouldn't be considered professional."

Bob smiled back, but suddenly he became serious again. "I want a meeting of the entire senior staff first thing tomorrow morning. We've got one week to answer the board and only two weeks to get ready for that site visit. Jim, do you know I couldn't even tell the board for sure how many kids we helped last year?"

Jim frowned. "That shouldn't be too hard. We take everyone on referral from the Board of Education or from probation, so there should be some record."

"Oh, there are records all right. Some are in employment, some are in counselling, and some are in Miss Turner's little green box that she keeps on the reception desk. But none of that information is pulled together for me. Furthermore, we took a lot of telephone referrals; some of those didn't stay too long, either because we sent them somewhere else or because they dropped out. We didn't keep records on most of them."

"Why should we?" said Jim, shrugging. "Why make extra work? Besides, I think I can get you the answers you need in a couple of hours. I'll do it tonight before I go home." He hurried off to start collecting the information.

The next morning, the senior staff came together in the executive director's office. Smith began by praising them for their hard work, and then he briefed them on the results of his meeting with the board. Next, he called on Jim Wood to report the information he had been able to gather on the volume of services they had put out in the last year.

Jim shook his head and said, "Bob, it wasn't as easy as I thought. The information is being collected--most of the time--but everybody is doing it a different way."

He showed the group his collection of record-keeping forms. Counselling had client-specific records, but they had only recorded the type of service and did not know how many service deliveries they had given per client. Employment, on the other hand, knew exactly how many service deliveries they had given but could not connect the numbers with the identity of the clients.

To make all of this worse, staff members in each division had interpreted the same forms differently. "Emotionally disturbed," for example, was to be rated by the counsellor "severe," "somewhat," or "mild." One counsellor declared that if the client was hostile to him he rated him as severely disturbed, but another had told Jim that the youth had to have a definite record somewhere of being diagnosed severely disturbed before he would ever give that rating. Likewise, "self-referred" meant something different to everyone, and many of the staff objected to filling out "race" because they didn't think it was legal.

"Finally," Jim said, "I couldn't get anything out of the recreation department at all."

At this point the chief recreation specialist, Rick Hathaway, spoke up. "Look, maybe all this record keeping is good for social service and employment, but we don't stop every quarter hour during our basketball game to write down what we've been doing."

Sally Johnson, the director of the employment unit, looked at him in surprise. "But you must know how many games you've had or how many kids have been using our program."

"Not really," said Rick. "Some days, very few show up and other times we have to split the courts. Then, depending on what we're doing, we run out of equipment and have to send people away or ask them to wait for a turn. Some days it's rained and we've done very little. I guess you're right, sort of; I do have the weekly schedules that we put up. I'll take a look. But I'm sure that we don't know how many kids there were overall--or whether they are the same kids you've been seeing."

"Well, at least we can say something about what we did with the grant money," Jim said, frowning, "but this is not going to be a very coherent picture."

"OK," said Bob, wrinkling his forehead and throwing up his hands, "that takes care of the productivity issue, for now. Let's move on to some other items. How are we going to deal with the charges that we're not really helping to solve the delinquency problem as we set out to do? I feel sure that we are getting results, but after doing some hard thinking, I'm not sure I know just how much progress we have made. Anybody got any ideas?"

"Well," volunteered Sally, "I've got good records on the names and numbers of those who are going through our job training classes and apprenticeships. Last year, we had three groups of twenty-two, thirty-one, and twenty-six teenagers. All of them received counselling and placement services, too."

"That's good, Sally," Bob replied. "However, people don't just want to know how many kids went through a training course or how many sessions we held, although that is good to know. They want to know whether the training did any good. We could have just been spinning wheels, you know."

"Hey, no way," said Sally indignantly, sitting up straight. "We've got a good program."

Jim broke in, "Wait a minute, you told me yourself that the training program is innovative and that its effectiveness is a matter of controversy."

"Well, we only used that program on one of the three groups. To tell the truth, I don't really know whether it's better or worse than the other course we've been using."

"Didn't you set up tests or try to get information on what happened to the groups after they finished the course?" asked Bob.

"Nope," said Sally, frowning. "We didn't want to make anybody uptight with tests. When we started out, we were just interested in getting the classes set up and lining up employers for the apprenticeships. We didn't take too much time with screening or picking and choosing who would be in what group. They just kind of sorted themselves out. I remember my main concern was to get as many to volunteer for the training as I could. Doesn't the counselling unit have the records?"

"Sure," said Jim, "but I don't know how much of it relates to training."

"All right," interposed Bob, "let's leave the training question, too. We don't seem to be getting very far. I want to talk about our community relations. That may be the most serious problem we've got. The board has information that some of our neighbors are getting up a petition to close us down."

What!" shouted Rick Hathaway. "How come we haven't heard about it?"

"I'm not sure," replied Bob. "It could be that they haven't gotten too far yet. What I want to know is whatever happened to the PR piece, that brochure we were working on for distribution in the community? Jim, didn't you take responsibility for that?"

"Uh," Jim cleared his throat, "that got shelved a couple of months or so ago, Bob. I held a few staff meetings with the counsellors and nobody seemed to know what we should say in it. Actually, everybody had a different idea about it, I guess. We couldn't agree, especially about what facts should go in it. Trouble is, we need to know a little more about what the community concerns are. That's supposed to be in the grant application, but what's there is pretty fuzzy. Most of it is general statistics about youth problems and testimonials about how something should be done."

"Humph," snorted Rick, "I know one thing that's wrong with our community relations. People's expectations aren't realistic. Everybody seems to think that we're responsible for all the kids between thirteen and twenty, including ones we've never heard of. Anytime someone does something, especially if it's within three blocks of here, they automatically believe it's one of our teenagers. There are a couple of thousand kids in this community, and we're only seeing a couple of hundred or so. It seems to me we're not getting recognized for bringing teenage crime rates down--if they are down--but only getting blamed for the stuff that still happens."

"Maybe we need to attack that problem in a positive way," Bob suggested. "Why don't we profile a few of our successes, our exemplary graduates. It would really help if any of them are stars, so to speak."

"That sounds good, Bob," said Jim. "I'm not sure, though, that we can locate all our graduates. Some went in the armed services, for example, and some moved to North Redford and disappeared on us. I think the high school told me that two or three are in college now, but I'm not sure they're still there."

"You mean there's no follow-up," said Bob, nodding. He leaned forward and addressed the whole group. "It looks like we've got our work cut out for us. We've been too buried in operations here to take stock of things the way we should. In other words, we've been sloppy, and we might pay for it. Even the way we've been handling the staff has got to improve. We're sitting here with the community, the board, and the staff pressuring us, and we've got a site visit in two weeks. It's a sure bet that the site visitors will get wind of the problems."

"There's another thing," he continued. "The site visitors will want to talk about our plans for next year. We know we're taking a 20 percent cut in funding. They will want to know either how we're going to make up the money or where we're going to trim the costs. We've got to be able to say exactly what we can't do without to keep this program running."

"That means there may be fat in the program." He looked at Sally, "for example, running two different kinds of training courses when one is cheaper and better than the other or hiring too many counsellors for the volume and kinds of work they're doing." He turned to include Jim and Rick. "We didn't seem to have very specific goals for this year; let's see what we can come up with for next year."

"I want to see everybody back in here Friday morning with the goods. All I can do is go out and lobby for the program. I'm going to have to buttonhole anyone that I think can do us some good."

A subdued and worried group left Bob's office. No one was sure where to start, and it was plain to all that a little planning at the start of the project could have saved them a lot of trouble.

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This story illustrates well the problems social service programs face with funders, administrators, and the community when they fail to have readily available information on program operations and program results. Although most program managers and staff intuitively feel their program is effective and can point to numerous cases of "wonderful success," they generally are unable to document objectively this success or to feed back information on what has happened to the cases which are not remembered as "wonderfully successful."

Planning for good information feedback is a task everyone wants to put off until after the flurry of getting operations underway. However, this then leads to problems such as those experienced by the Redwood Youth Center.

The question is how to avoid these problems? What other purposes can planned record keeping (or data collection) serve? What information should one collect and how can this information be used to judge the success of the program?

This monitoring and evaluation manual will provide an answer to these questions for managers of youth and family counselling programs, provided you read and absorb the information contained in Chapter 1.0 on program evaluation in general and provided you take the time to complete each step in Chapters 2.0 and 6.0 on planning for and implementing your own monitoring and evaluation system. In some cases, forms will be provided to record program information. In other cases, you will be asked to make decisions and follow instructions on how to construct your own forms for data collection. Guidelines will be given to assist you in making decisions on evaluation design, on interpreting your data in terms of program success, and on presenting program and evaluation data in annual or biannual reports. However, you must become actively involved in this process, completing each step yourself as you go along or with the assistance of an outside evaluation expert. **Before** enlisting the help of an outside evaluation, **remember:** an outside evaluation expert will ask you many of the same questions as those contained in this manual. Whether you enlist the help of an outside evaluation expert or not, it is worthwhile to read this manual and acquire a complete understanding of the evaluation process and method.

CHAPTER 1.0

THE POLICE-BASED YOUTH AND FAMILY COUNSELLING PROGRAM MODEL

The police-based youth and family counselling program is a service for families of minor delinquent and socially-problematic (potentially delinquent) youths with the unique characteristic that it is administered by or in conjunction with a police department rather than a traditional statutory social service agency. This fact has implications for the selection of program objectives, the defining of parameters to a program client population, the establishment of procedures for initiating, receiving, or rejecting referrals, and the establishment of clear accountability, reporting, and communication relations with the local police. While other counselling programs for delinquent youths and their families strive for good relations with local police in order to facilitate sharing of information, their efficiency and success of operations is not dependent on this fact. The police-based youth and family counselling programs are not only dependent on the police for defining their conceptual and operational model, but their entire success with youths and families is highly dependent on their relations with the police and their ability to train police officers to be receptive to social needs.

The police-based youth and family counselling program (PB-YFCP) is designed as an early intervention delinquency program, not just as a social service or therapeutic intervention program. It is based on three basic theoretical assumptions: 1) delinquent behaviour exhibited by adolescent youths is a symptom, with developmental characteristics, of increasingly disruptive relations in the family environment; 2) early and short-term intervention (in response to early behavioural symptoms of delinquency) used to modify disruptive family relations can prevent or inhibit further involvement by the youth in delinquent behaviour (without which development of a youth into a hard-core delinquent is very likely); and 3) the police are in a position to identify many of these potentially delinquent or minor-delinquent youths and to refer them to social workers and counsellors who are responsive to police problems with that youth. This is an alternative to immediate or later processing of these youth through the justice system (which may facilitate rather than deter the development of delinquent youths into adult criminals).

The main goal of the PB-YFCP is to prevent or reduce future delinquent activity by juveniles who are referred to the program. Delinquent behaviour is generally defined as any criminal or socially-troublesome behaviour that brings a youth into contact with police. This includes suspected or actual involvement in all criminal code offences, curfew violations, running away from home, trespassing, loud parties, municipal by-law infractions, aggressive behaviour, and all behaviour defined as "status offences" in U.S. federal legislation (e.g. unmanageability).

To serve the program goal, the main objective is to assess and resolve any underlying family problems that are facilitating or precipitating the youth's involvement or evolvement into delinquent activities, or if this is not fruitful, to refer the youth elsewhere for more appropriate treatment or intervention. Particular emphasis is placed on achieving more specific objectives with individual families depending on the circumstances and type of family or youth. These include: 1) improving family-youth communication; 2) modifying irritant or negative youth behaviour; 3) increasing parenting skills; 4) increasing youth's awareness of the consequences of delinquent behaviour; 5) increasing youth and family self-esteem; 6) making parents and youths aware of the disruptive and static dynamics of the family relations, etc.

Other objectives of these types of programs vary considerably. Some programs attempt to educate police officers about the development of juvenile delinquency and the value of therapeutic intervention techniques in order to increase the ability of these police officers to identify potentially delinquent youth and to increase their own skills for dealing with juvenile problems.

Another objective of some of these programs is the coordination and facilitation of other community social service programs, schools, mental health groups, and citizen groups to deal more effectively with juvenile crime problems in their community. Achievement of this objective may involve anything from attendance at regular inter-agency/citizen meetings, case consultation, and information sharing, to conducting of community-wide workshops and planning sessions to deal with specifically defined juvenile crime problems in that community.

All of the programs presently operating in the province of British Columbia accept referrals primarily from the local police department, but also solicit referrals (as resources permit) from elementary schools and other social service programs. The proportion of police referrals varies from as low as 52% to as high as 78%.

Most of the programs restrict their referrals to youths between 6 and 14 years of age who are exhibiting potentially delinquent problem behaviour or have no more than one previous delinquent offence and who are not physicaly, mentally, or emotionally handicapped. All of the existing programs in B.C., in the first year of two of operation, have had to deal with the fact that many police will not refer the minor delinquent or potentially delinquent behaviour problem youths to their program but, instead, refer older multiple offender youths. To establish good relations with police, program counsellors have accepted some of these inappropriate referrals but, over time, have begun rejecting these referrals and re-educating the police officers about the purpose, philosophy, and services of the program.

Both boys and girls are accepted into the program, although the proportion of boys referred tends to be twice that of girls. Some of the programs stipulate that they will work with a youth only if one or more parents participate in a family counselling session. Other programs encourage the parents to participate, but will still work with a youth even if the parents refuse.

All of the existing programs in B.C. emphasize short-term counselling from 2 to 12 sessions over a three-month period, although some of the programs have a few long-term cases. Brief (one session) counselling, telephone information/
local resources are also a part of their services. The number of referrals made elsewhere generally decreases over time as the number of inappropriate referrals decrease. Some of the programs in small communities provide crisis family intervention services to the police but only in circumstances where the police are unable to cope with the crisis situation and the family cannot wait until the next day. Programs in municipalities where 24-hour crisis intervention services are operated by the statutory social service agencies are generally prohibitied from offering this type of service or in dealing with child abuse cases.

While none of the existing programs operate primarily as crisis intervention service, they all emphasize the importance of receiving referrals quickly, within two days of a problem occurrence, and with making contact with the youth and family within a few days of the referral. Program counsellors have found families are willing, generally, to recognize and deal with a problem when its emotional impact is still fresh in their minds.

Most of the existing B.C. programs are staffed by two counsellors with social work degrees (or equivalent-type training) and one clerical worker. Some of the programs have their offices in the police building, while others operate in a store-front type facility. All of the counsellors working in offices wtihin police headquarters emphasize their relations with families and youths are not harmed by this arrangement, while their relations with police are improved greatly by this arrangement. By having day-to-day contact with numerous police officers as well as those officers making referrals to the program, counsellors find they are able to establish greater rapport and trust with police. These counsellors state they understand beter how the police system works, and they are better able to provide on-going feedback and education to police officers about juvenile and family problems and the benefits of early therapeutic intervention.

To date, external and self-evaluation of the existing B.C. programs have shown:

1. all programs operate in congruence with a clearly formulated conceptual plan;
2. police and community social service agencies are highly satisfied with what the programs are trying to do; and
3. 50-70% of the former clients of the program tend to report that at least some of their needs have been met and youth behaviour problems have improved somewhat.

Less conclusive evidenceis available on the program's effectiveness in reducing or preventing further delinquent behaviour. Most of the programs do not keep accurate statistics on whether all youths who have been referred to the program have further contact with police over the ensuing few years. Too often recidivism statistics are based only on those youths who happen to be referred back to the program. Also, it is impossible to accurately say what proportion of these youth would have had no repeat contact with police regardless of the youth and family counselling intervention. Some support for an argument that the programs do have an effect on preventing further delinquency is provided by a study of youths referred over a six-month period to the Burnaby Youth and Family Counselling Program [1] Of 39 delinquent youths appropriately referred and provided with assistance over ths period, only 21% (N=8) had repeat contact with police within four months. A comparison group of 22 delinquent youths from a neighboring community had a 39% recidivism rate four months following their first contact with police. In the Saanich Youth and Family Counselling Program, recidivism rates for 60 counselled youths within six months following termination of services was 22% (N=13).[2]

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[1] Rowe, W.E. A Systems Evaluation of Burnaby Youth Services, Ministry of Attorney General: Queen's Printer, June 1982.

[2] Rowe, W.E., Evaluaticn of the Saanich Youth and Family Counselling Program, January 1982 - December 1983. Ministry of Attorney General: Queen's Printer, June, 1984.

The following chapters in this manual provide exercises and procedures for on-going monitoring and self-evaluation of these type programs. While some data exist on the efficiency and effectiveness of existing programs in B.C., each program and each community is different; thus, there is no way of guaranteeing that because one program is successful, another program will be successful. Too many factors, other than the philosophical and conceptual model, affect the success of a program. This includes staff motivation and skills, police and community support, and even the type of families seeking assistance. One needs to monitor and evaluate each program to keep it on-track and to find out whether it is successful. The next few chapters will help program staff accomplish this job.

CHAPTER 2.0

PRINCIPLES OF EVALUATION

2.1 Why Evaluate?

Below is a list of reasons why a manager of a police-based counselling program may be thinking about evaluation. Most of these reasons are generic to any program.

- The program is worthwhile and I want to prove it to others;
- The program is not getting many referrals and I want to find out why;
- I want to know how many clients are referred to us and what happens to them;
- I want to know if the police feel we help them and delinquent youths;
- I want to know how the social service community perceives our service and whether there are any problems of overlap in services or communication;
- I want to know if the needs of families and youths are being met;
- I need more information on the program's effectiveness that will persuade the community to renew their funding;
- I think the program can be better and I need to know what modifications need to be made.

Despite a manager's interest in some of these questions, however, he may be concerned that an evaluation of the program may have harmful consequences. Below is a list of some of the reasons often cited by program managers and staff for not wanting to implement a procedure to evaluate their program:

- The funders are just looking for an excuse to cut off funds. There is no political support for our program;
- They call this program a delinquency prevention program but we have so little contact with the youths referred to us that, while we do help them and their families at that point in time, I don't think we can say our program will prevent them from engaging in delinquent activities next year or the year after;

- The evaluation procedure is too time-consuming and involves too much paper work. I just don't have the time. I need to spend more time with clients;
- I feel evaluation of this program would violate the anonymity and confidentiality of clients referred to this program.

2.2 What is Program Evaluation?

Program evaluation is an integral part of program planning and implementation. It is a process of systematic inquiry and collection of information, occurring at any stage of program planning and operation, in order to make decisions or solve problems about the program's operation and its effect. **Figure** 1 illustrates how evaluation interfaces with program planning and operation. First of all, examine a typical program planning and implementation model.

In the beginning (ideally), a social problem is defined and a planning committee or individual identifies the dimensions of the problem, examines available literature, and determines gaps in existing services in the community. Based on this information, a program model is formulated, identifying the program goals and objectives, the target client population, services to be provided, and other resources required to support the program. In the case of a youth and family counselling program, the target population can include the police, the community-at-large, citizen groups, professional groups, as well as youths and families in need. Resources include funds, staff, facilities, supplies, and other administrative and community support services. Once community support and funds are obtained, the program is implemented. Data collection should be built into the implementation of the program in order to: 1) monitor (i.e. describe) existing resources, the clients referred to the program, actual services provided, and the impact of the program on clients and community; and 2) evaluate whether it is achieving the intended results. As shown by the double lines in **Figure** 1, the specific evaluation questions include:

Q.1. Do the existing resources match the intended resources?

Q.2. Is the actual client group the same as the target population specified in the program model?

Q.3. Are the services being delivered the same as services intended in the program model?

Q.4. Are the client outcomes and impact of the program consistent with those specified in the program objectives?

Q.5. Do the existing resources facilitate access to the target population?

Q.6. Do the actual clients receive the services intended in the program model?

Q.7. Do the actual services provided to actual clients permit achievement of the program objectives?

Q.8. Do the actual program outcomes meet the needs and problems identified prior to program planning?

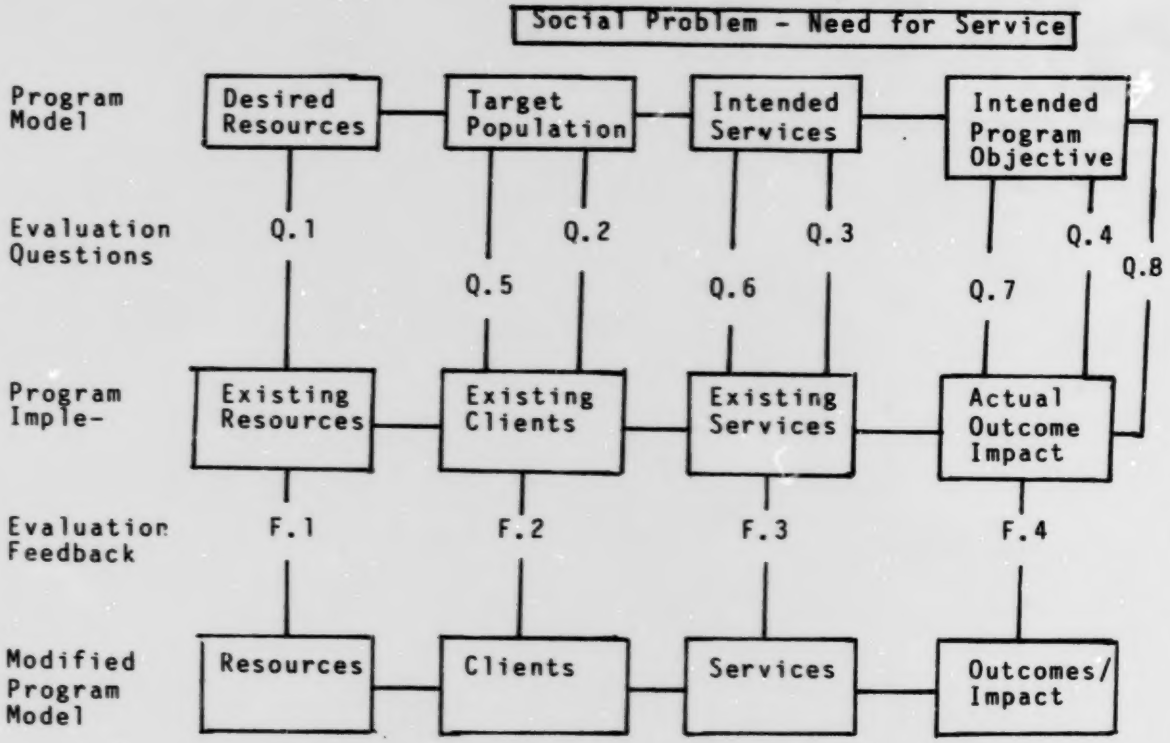
Answers to these questions permit one to make judgments about the success of the program and to identify areas in which the program may need modification in order to facilitate greater success.

If the actual program in operation does not correspond in resources, population, services, and outcomes to the intended program model but still meets some of the socal problems and needs that precipitated program planning, then it may be decided the intended plan (not the actual program) should be modified. When elements of the actual program model do not correspond to those specified in the intended program model (e.g. the program receives 16- and 17-year-old multiple-delinquent offenders instead of 10- to 13-year-old potentially delinquent or first-time offenders) and this affects whether the program can successfully meet its objectives, then program modification is required. An analysis of why the program is not receiving the intended target population must be conducted and changes instituted to remedy this problem. Often program models are developed based on the perceived need of only one audience, e.g. youths in conflict with the law.

Measurement of all program benefits or impacts is important. This requires identifying the needs of other groups affected by the program, specifically the police, shop owners, the schools, etc., and evaluating whether these needs are also met by the program. Modification may be required to focus the program on one client population or to expand it, that is, to identify benefits received by other groups and document them as legitimate program objectives.

FIGURE 1

THE RELATIONSHIP BETWEEN THE EVALUATION QUESTIONS AND THE PROGRAM MODEL


Social Problem - Need for Service
Program Model
Desired Resources
Target Population
Intended Services
Intended Program Objective
Evaluation Questions
Q.1
Q.2
Q.3
Q.4
Q.5
Q.6
Q.7
Q.8
Program Imple-
Existing Resources
Existing Clients
Existing Services
Actual Outcome Impact
Evaluation Feedback
F.1
F.2
F.3
F.4
Modified Program Model
Resources
Clients
Services
Outcomes/ Impact

Q.1 Do the existing resources match intended resources (staff, money, support?)
Q.2 Does the existing client population match the characteristics of the target population?
Q.3 Are the services being delivered the same as services intended in the program model?
Q.4 Are client outcome and impact of the program evidence of achievement of program objectives?
Q.5 Do the existing resources provide access to the target population?
Q.6 Do the existing clients need the services intended in the program model?
Q.7 Do the existing services provided to existing clients permit achievement of the program objectives?
Q.8 Do the actual program outcomes meet the needs and problems identified prior to program planning?

2.3 Benefits of Program Evalation

Conceptualizing and implementing program evaluation as an integral ongoing part of program planning, whether the evaluation exercise is done in-house or with the help of an external consultant, has many benefits for clients, program staff, program administrators, and funders. Some of the direct and indirect benefits for a youth and family counselling program are listed below:

- program objectives and other community and client needs are identified and understood by all;
- the program operates in a way that will serve the real needs of youths and family;
- the program operates successfully in a way that will serve the needs of police;
- a better and shared understanding is provided of what the program can be expected to accomplish in the immediate future and in the distant future--an indication is provided of what goals can be idealized as desirable but unlikely to be achieved;
- a clearer understanding of the specific roles performed by individual staff members;
- a clear understanding and more consistent following of program procedures for receiving a referral, providing services to youths and family, providing feedback to the referral party, and conducting a follow-up of family and youths following program termination;
- opportunity to discover just what are the benefits of the program to clients, police, and community, and describing the program in terms of these outcomes and results instead of just describing what the program does (its process);
- better information for planning and decision-making in the future;
- increased ability to communicate and account to the public and funding agencies for financial contributions received;
- ability to provide objective data to administrators, funding agencies, and the public documenting the degree of program effectiveness for clients referred to the program and the degree to which program objectives have been met;

- opportunity for program counsellors to assess (and upgrade if necessary) their own performance on a regular and realistic basis without fear of an administrator or external evaluator suddenly appearing on the doorsteps judging staff competence unrealistically and possibly incorrectly;

- means by which the program staff can document **reasons** why the program may not be functioning efficiently and successfully in order to bring them to the attention of program administrators for resolution or change (e.g. inadequate staffing resources or lack of acceptance by police, thus affecting the number of appropriate youth referrals).

2.4 The Three Primary Evaluation Questions

While there are many indirect benefits of program evaluation when it is integrated into program planning, monitoring, and modification, there are three primary interrelated purposes for program evaluation. These are as follows:

1. To what extent does the program operate as it was planned to operate? Does it do what was said would be done?

2. To what extent does the program achieve the intended results? Does it achieve what was said would be achieved?

3. At what cost does the program operate relative to the results achieved? How does this compare to the cost of alternative programs achieving the same results?

2.5 Types of Program Evaluation and Evaluation Designs

Corresponding to the three primary evluation questions discussed in Section 2.4, there are three basic types of program evaluation: process evaluation, impact evaluation, and cost-effectiveness evaluation, respectively. (Note: You may find alternative names used to refer to these types of evaluations: formative evaluation, summative or outcome evaluation, and cost-benefit studies, respectively.) Each type of evaluation addresses certain kinds of evaluation questions.

A process evaluation is concerned primarily with answering the questions: What happened? Was the program implemented as planned and why? A process evaluation is thought of as a study of the means whereby a program produces its results.[3] One attempts to describe and critically analyze the mechanisms by which effect is translated into outcome. 'Effect' refers to all program activities and procedures and to all environmental, financial, administrative, and psychological inputs that have gone into the operation of the program. This includes the number and type of clients, the attitudes and efforts of staff, the amount of money and other resources required, the expectations and contributions of other community services, etc. Methods for undertaking a process evaluation of a program are not standardized. As discussed in Chapter 4.0, this manual presents one method that can be carried out by most programs.

Impact evaluation is concerned with determining the impact of the program on clients and the community. It is concerned with answering the question: Did the program achieve the desired outcomes (i.e. program and client objectives)? Techniques for answering this question are relatively standardized but they require careful attention to numerous factors, other than program activities, that affect the client outcomes. For example, in the case of police-based youth and family counselling programs, it may be youths ceased further involvement in delinquent activities because they were "scared to death" by the police officer who apprehended them, not because of the counsellor's efforts in resolving family problems.

Impact evaluation questions can be addressed through an experimental design, several quasi-experiemntal designs, or simply through assessment of client satisfaction. These methods are discussed in Chapter 5.0

Once it has been determined whether a program has effectively met its outcome objectives and what other impacts the program has had, the factors responsible for these outcomes can be listed. For example, it may be that program services were not delivered to the client. Thus, in order to understand why a program has successfully or has not successfully met its objectives, a **process evaluation must be carried out in conjunction with an impact evaluation.**

Cost-effective evaluation is concerned with addressing the question: Is this the cheapest strategy to achieve the desired result, i.e. program efficiency? Efficiency is the degree to which the program manager can **minimize** the amount of 'effort' necessary to operate the program and to **maximize** the benefits of the program relative to how much it costs. An assessment of 'efficiency' can be made only through a comparative analysis of alternative methods of achieving the desired results and of the costs in terms of money, time, personnel, and public convenience of doing so. A cost-effectiveness evaluation can only be undertaken if a full-scale process and impact evaluation of the targeted program and of alternative programs has been carried out. This is beyond the scope of this manual or of a self-evaluation and, thus, will not be further discussed.

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[3] Suchman, D. Evaluation Research: Principles and Practice in Public Service and Social Action Programs. New York: Sage Foundation, 1967.

Each type of evaluation encompasses several research designs, the selection of which is dependent on various methodological constraints of data collection, such as:

1. the amount of time available for the study;
2. the amount of funds available for the study;
3. idiosyncratic biases of the researchers;
4. the confidentiality of program information;
5. the degree of program staff cooperation and knowledge about program planning and evaluation.

These issues will be discussed further in the following chapters.

CHAPTER 3.0

EVALUATION READINESS

3.1 Readiness for Program Evaluation

'Evaluation readiness' concerns the degree to which a program is amenable to evaluation and, if so, what type of evaluation strategy would be most appropriate. Evaluation readiness is not only dependent on a certain level of program development, but also on the amount of program resources available and the degree to which staff are willing to allocate time and energy to this self-scrutinizing process. To determine first whether any kind of evaluative analysis is practical at this point, the following questions need to be answered:

1. Is it known what social problems the program was developed to resolve? yes no

2. Has a program model been defined, specifying program objectives, target client population, program services, the service delivery mechanisms, and program resources required for implementation? yes no

3. Have outcome objectives for the program been specified? For example, what is it hoped will be accomplished as a result of working with youths and families or as a result of engaging in case consultation with police? yes no

4. Are the program funders or administrators interested in program evaluation? Are they willing to spend time on data collection and client assessment? yes no

5. Are program funders or administrators willing to allocate or provide clerical resources for data collection? yes no

6. Are program staff willing to spend at least 10% of their time on tasks relevant to program monitoring and evaluation? yes no

7. Can it be assumed that data will be collected by all program staff in a standardized and accurate manner? yes no

8. Is there an information system in place to collect information at intake on all clients referred to the program or all requests for assistance from program staff, to record biographic and case management information on all clients provided with assistance? yes no

9. Are program staff willing to interview clients and have them complete questionnaires to obtain personal information on them and their families? yes no

If the answer is yes to all of these questions, then the manager must consider the kind of evaluation most appropriate for the program. If the answer is no to any one of these questions, then the manager needs to go back to the elementary stages of formulating the program model and allocating resources for program monitoring. It is critical that before beginning the process of evaluating one's program, there is a clear statement of the program outcome and process objectives, the client target population, program services and other staff functions, and the service delivery mechanisms. There must be a sincere commitment from all program staff and administrators to devote time to the evaluation process. In addition, there must be a rudimentary information system in place to collect data on referred clients and staff activities.

3.2 Readiness for a Process Analysis of Program Success

To consider what type of evaluation would be most appropriate for the program, consider the following questions for a police-based youth and family counselling program:

1. Is the following kind of information recorded on the types of youth and families referred to the program:

    i) sex and age (at referral of youth)? yes no
    ii) the source of referral? yes no
    iii) the reason for referral? yes no
    iv) The youth's previous problem or delinquency history? yes no
    v) number of previous youth contacts with police? yes no
    vi) previous use of social services? yes no
    vii) the stability of the family living environment? yes no

2. Is there a recording of every request for action or youth referral, the type of request and then what happens to every request or referral, such as nothing, referred elsewhere, or given information, brief servicing, or counselling, etc.? yes no

3. If no action is taken on the request or referral, is the reason recorded? yes no

4. Is there a record kept on the number of contacts made with a client or family and/or the total amount of time spent responding to that request or in counselling the family? yes no

5. Is there a recording made on the kind of counselling provided to youths and families and whether it was focused on the youth's problem, or on general family problems? yes no

6. Is it recorded which family members participate in counselling? yes no

7. Is there a recording on how often program staff met with representatives of community schools, community social services, and other concerned citizen groups and a note made of the degree of cooperation and information sharing? yes no

8. Is there a record kept of the number of requests for assistance or referrals from schools, community service agencies, and other professionals? yes no

9. Do staff record the frequency of contacts, and ride-alongs with police, the number and content of presentations or workshops for police, and who initiated these interactions? yes no

10. Do staff seek and record feedback from police and community professionals on their knowledge and perception of program operations? yes no

11. Has this information been collected daily, bi-monthly, or monthly, depending on the task, for a period of six months to a year and have monthly summary totals been produced? yes no

If the answer is **yes** to all of these questions, then there is sufficient information at present to conduct a process analysis of whether the program is operating as planned and, if not, to be able to determine some reasons for this. Turn to Section 4.12 for instruction on data analysis and interpretation. Next turn to Section 3.3 to find out whether there is sufficient information to assess the results or impact of the program on youth and families, the community, and the police.

If the answer is no to many of the above questions, there is insufficient information at present to determine whether the program is operating as it was planned and/or to determine the reasons for the program's shift.

If the answer is no to all parts of question 1, then it is impossible to ascertain whether the youths referred to the program were the type targeted as needing the greatest assistance.

If the answer is **no** to all parts of question 2, it is impossible to determine whether requests for service are in conformity with one's expectations of the needs of the community, whether one can adequately meet all these demands for assistance, and whether the services delivered conform to the priority of services originally planned to be delivered.

If the answer is **yes** to question 2, but no to question 3, then it is not possible to determine why no action was taken on some requests or why others were referred elsewhere. Depending on the acceptance criteria, it may be there were a large number of inappropriate referrals such as multiple-delinquent offenders or mentally distrubed youths. It may be a youth was not a resident of the community or it may be the program staff lacked time and resources to respond to all additional requests.

If the answer is **no** to questions 4, 5, and 6, then it is not possible to determine whether youths and families are being provided with the desired type and depth of counselling. For example, it may be actual involvement with some families is too lengthy to fit the definition of short-term counselling. For that matter, it may be the amount of time spent with most families is too brief to be called counselling. Possibly it should be described simply as an assessment service. Also, it may be counselling is focused exclusively on the youth's behaviour or only one parent attends the sessions--one could question whether this is truly family-oriented counselling or youth-oriented counselling.

A **no** to questions 7, 8, 9, and 10 makes it difficult to determine the degree of support, information sharing, and communication by community professionals and the police. Without their support and their understanding of the philosophy, objectives, target population, and services of the program, the program may not receive the desired number or type of youth and family referrals and thus will not be able to operate as a preventative counselling service.

If the answer is yes to questions 1 to 10 but no to question 11, it may be the program has not been operational long enough to adequately test whether it is operating as planned.

If the answer is no to most of the questions in this section, turn to Chapter 4.0 on how to design and implement a process evaluation of the program.

3.3 Readiness for an Impact Evaluation of Program Success

Conducting an impact evaluation is only practical if first a plan has been implemented for an ongoing process evaluation of the program.

Before the program is tested to see if its goals have been met, it is important to ascertain whether the necessary program activities or services to achieve these goals have been implemented. If the program has not been implemented as planned, then it is very **unlikely** the intended results will have been achieved.

In addition to these prerequisite conditions for conducting an impact evaluation, other information is needed. Each of the following questions should be answered to give some idea of what informatiion is available, what mechanisms are in place for conducting impact evaluations, and what type of impact evaluation would be most feasible and cost-effective to implement. (Note: Do not worry if these questions are not totally clear. After following the process outlines in Chapter 5.0 with the assistance of a professional evaluator, these questions will be clearer.)

1. Have all outcome objectives for the program been defined in terms of a **measurable** change in a behaviour, an attitude, amount of knowledge, or occurrence of an event? While in some cases it is possible to specify the amount of change, in most social service programs one is satisfied with some sort of increase, decrease, cessation, or initiation of a behaviour or attitude.

   yes no

2. Have all measurable outcome objectives been **hierarchically organized** in terms of their immediacy, that is, those objectives important to achieve the short-run and those objectives that will be achieved in the long-run as a result of success with the immediate objectives? (e.g. improving family communication is an immediate objective; preventing any further involvement in delinquent activities is a long-term objective).

   yes no

3. Is it possible to **order** the measurable outcome objectives in terms of their priority of importance to overall program success--as the program manager perceives it, as program staff perceive it, as the police administration perceive it, as the general duty police constables perceive it, or as the funders or the city council perceive it?

   yes no

4. Is it possible to select a **subset** of these measurable objectives for evaluation; that is, those which are most important (which depend on who is the intended audience of the results--the purpose of the evaluation) and those which can feasibly be addressed given staff time, staff capability, program funds, information availability, and client willingness or ability to participate? (An outside consultant will definitely be required to assist the program manager in making this selection.)

   yes no

If the answer is **yes** to all of these questions, then it is time to choose an impact evaluation design. Four basic research designs will be presented. There are others, but they are mostly variations on these four designs. Each of these research designs provides a means of estimating what changes have occurred. Not all of these designs, however, have the power to indicate whether it was the unique contribution of the program that caused the change, whether it was an event or factor that occurred simultaneously with the delivery of the services that caused the change, or whether the change would have occurred anyway regardless of the program.

In Research Design One, a random selection process is used to separate into two groups all those equally eligible for program services; an experimental group who will receive the program service and a **control group** who will **not** receive the program services. Both the experimental group and the control group are measured on the behaviours, attitudes, or knowledge expected to change. Following a period of time after the experimental group receives services, both groups are again measured. If there is a significant difference between the two groups at the second measurement (and one at the first measurement), it can then be concluded any changes measured for the experimental group were caused by the services and activities of the program.

Research Design Two is similar to Research Design One as there is an "experimental group" who receives program services and a "control group" who do not receive program services. Measurements are taken at the beginning and at the end of the service delivery and then the groups are compared. However, in Research Design Two, unlike Research Design One, the control group is made up of people purposely selected and matched on characteristics common to those in the experimental group. The experimental group is made up of any individuals referred for services. Thus, neither group of people is selected randomly as occurs in the experimental Research Design One strategy. Research Design Two is often called quasi-experimental.

At the second measurement, the experimental group and matched control group are compared on the relevent behaviours, attitudes, and knowledge. Differences are attributed to the program services. It is possible, however, that this conclusion is wrong if it is observed the two groups were not well matched. It could be there is a special characteristic or factor associated with only the experimental group or only the comparison group that caused the change, not the program services. For example, it may be the experimental group is composed mainly of girls while the control group is composed of boys. This may be the reason why the recidivism rate is lower for the experimental groups than the control group--not the counselling.

In Research Design Three, there is no comparison group; the clients act as their own control. All clients or systems are measured before the services are given. After the services have been provided, the clients or systems are measured again to find out whether there have been any changes. The difference between the before and after measurement indicates the amount of change that has occurred and is generally interpreted as indicating the program caused the change. However, it is important to be careful in making this assumption, particularly with children, because there are many maturational and environmental factors that could also have been responsible for change. (These limitations will be discussed in greater detail in Chapter 5.0.)

Research Design Four is like Research Design Three but instead of taking 'before' and 'after' measurements of the behaviour, attitude, knowledge, or events expected to change, only the after measurements are taken and the before state is inferred retrospectively. Techniques for inferring retrospectively the 'before' state and for measuring change vary tremendously. These will be discussed further in Chapter 10.0.

The following questions should be answered for each °evaluable outcome objective° in order to choose the research design most appropriate for evaluating the program. It may be a composite design is most appropriate if a comparison group can be measured on only some of the behaviour, attitudes, or knowledge variables under investigation.

Q.1. Is is possible to refuse or put on a waiting list persons, cases, or organizations who are eligible to receive services and have been referred to receive them? (For example, referrals refused because of insufficient resources.)

yes no

Q.2. Is it possible to measure those persons put on the waiting list at the time they were refused and also later at the same time when the accepted group has completed receiving services?

yes no

If a yes answer is given to both these questions, then Research Design One can be implemented. This is a true experiment.

Q.3. Is it possible to identify and gather information about a group of youth and families in another neighbourhood or community not receiving program services but who are exactly like the group which will be receiving services from the program?

yes no

Q.4. Is it possible to measure this group at the same time the program group is measured and then measure them later at the same time the program is terminated from program services?

yes no

A yes to both of these questions means both Research Design Two or Three can be implemented. Research Design Two is more powerful but also more difficult, time-consuming, and expensive.

Q.5. Is it possible to take observations on the clients, cases, or organizations before they receive services from the program and then after they are terminated from services?

yes no

If the answer is no to questions three and four but yes to question five, Research Design Three can be employed--a single case before-and-after study. If there is a no answer to question five because the program clients can be assessed only at the time they are terminated from services or this is the only type of information available (e.g. recidivism figures), then Research Design Four is most appropriate and changes will have to be inferred retrospectively.

Chapter 5.0 contains steps on how to implement an impact evaluation research design. Once the chapter on process evaluation has been read and procedures implemented for conducting a process analysis of the program, then an impact evaluation of the program can be undertaken.

CHAPTER 4.0

HOW TO CONDUCT A PROCESS EVALUATION
(Is the Program Operating as Planned)

4.1 Summary steps for Process Evaluation

A process evaluation includes the following set of activities:

1. organizing for self-evaluation;
2. clarifying the program model in terms of a mission statement, program goals, program objectives, program activities and/or services, target population, a program delivery and organization system, and program resources;
3. organizing program objectives in terms of their relative priority to the police, the community-at-large, the social service sector, the program director, and the clients receiving the services;
4. identifying data elements to be collected on the clients referred to the program or the groups serviced by program staff (client characteristics), on how the program responds to service requests (delivery procedures), on types of services provided or other program activities, and on when and how services/activities are terminated or completed;
5. developing an information system to collect this information efficiently and in a standardized manner;
6. designating who will collect information and summarize it for program feedback and management reporting;
7. monitoring of the program;
8. compiling monthly totals on all data elements;
9. after a designated period of program monitoring (e.g. six months to a year), examining program data and conducting a process analysis;
10. preparing a written report on the operation of the program over the past year, discussing how it varies from the planned model, hypothesizing reasons for the discrepancies, and proposing modifications in program operations.

4.2 Organizing for Self-Evaluation

In order to develop and implement a self-evaluation process, it is essential to form a small work group to provide the leadership to do much of the initial work and to reflect points of view or concerns of the principal audiences involved. In the case of youth and family counselling programs, this would be police managers and line staff, the program funders, the community social service sector, and the program staff.

The specific functions of this small work group (3 to 4 people) would be to:

- adapt the methods suggested in this manual to meet the unique characteristics of the organization;
- liaise between program staff and program administrators;
- formulate the precise program model;
- design the information system and monitor it for a trial period;
- provide instruction and direction to program staff in data collection;
- review program data monthly, and analyze and report results bi-annually;
- feed back program data to concerned individuals upon request;
- if necessary, based on bi-annual data analysis, select and implement changes in the program operations or the program model;

The work groups for youth and family counselling programs should consist of:

- the program director;
- a program clerical or support worker;
- a police crime prevention officer or police liaison person;
- program planning staff member or consultant representing the funders;

Where possible, there should be a specific person designated as '**facilitator**' for the work group. In the case of police-based youth and family counselling programs, the best person to serve as facilitator is one who:

- has supervisory, reporting, professional, or personal access to every level of police investigative operations, the community social service network, and to the funders;
- be knowledgeable and committed to the purpose and process of evaluation;
- have a reputation for professional integrity and objectivity to the tasks at hand;
- be willing and able to devote a considerable number of hours to the job;
- be available for a minimum of a year to two years to monitor the evaluation process and analyze the results;
- be open to disagreement and willing to seek compromises;
- have good interpersonal and communication (verbal and written) skills.

An ideal person to fulfill this function would be a crime prevention or youth police officer who has had some training in the behavioural sciences and who holds a senior administrative position in the police force.

In the first meeting of this work group, the entire process of self-evaluation should be reviewed (Section 4.1). The facilitator should then set a schedule of evaluation activities and assign coordinating responsibility for each of the major steps to a specific individual. These activities and steps will be discussed in the following pages.

4.3 Clarifying the Program Mission Statement

1. Description

The mission statement is a broad philosophical description of the overall purposes of the program or agency. It describes the reasons the program is in business. It should indicate:

i) what you want to achieve in the long run;

ii) the target client population;

iii) the problems, concerns, or opportunities to be addressed in working with clients, and;

iv) the general approach to be taken.

For example, a mission statement formulated for one police-based youth and family program was as follows:

1. To identify, diagnose, treat, and/or refer endogenous youth problems and family-related youth problems for therapeutic intervention in order to reduce recidivism and subsequently possible entry to the criminal or justice system.

Another example of a mission statement for a police-based youth and family program could be as follows:

2. To reduce the number of 6-14 year old youths coming into contact with police for delinquent or potentially delinquent problem behaviour by identifying and resolving underlying family distrubances that may be precipitating acting-out behaviour, or by referring the family or youth to an agency for more intensive assistance.

Another mission statement for a police-based youth and family program could be as follows:

3. To reduce the rising number of juvenile crimes reported in the community and improve the ability of police and the social service sector to understand and intervene earlier in the development of the delinquent offender by providing direct service counselling to delinquent youths and their families, by coordinating community services and consulting with groups on how to identify and address symptoms of early delinquent behaviour, and by training police officers to identify and refer youths exhibiting potentially delinquent behaviour.

These three mission statements for police-based youth and family programs are all similar in philosophy as they are concerned with early intervention in the problem of delinquency. But they differ in terms of the magnitude of the problems to be addressed, the range of services, and the focus of the program (system modification, individual or family behaviour modification, or both).

2. Process

The following Mission Statement Worksheet Form (Form A) can be used to describe in detail the desired end results, the target population, or organization to be served or addressed, the problems to be addressed, and the general approach to be taken. An example of a completed mission statement worksheet is shown below.

Since the above mission statement is a generalized statement of the program's philosophy and purpose, it is likely it was clearly formulated during the planning phase and endorsed by the police, the community-at-large, the social service sector, the funders, and the program staff. However, it may be that during writing of the mission statement, there were differences of opinion between police and the community social service sector. It is important to reconcile this difference. While it is common for different professional groups to differ on the priority of specific program objectives, the program's overall structure can remain the same and thus can be evaluated. However, differences between these groups on the purpose and philosophy of the program (e.g. resolving family problems or preventing delinquency or reducing the workload of police processing juveniles) would have a significant effect on the entire program structure. It would not be possible to develop an evaluation plan, let alone monitor actual program operations.

It is important to review the mission statement and to make sure it meets the following criteria:

1. Does the mission statement include:
   .desired end result?
   .target groups?
   .problems addressed?
   .general approach?

2. Does the mission statment cover all components of the program?

3. Is there a consensus among police, social services, funders, community-at-large, and program staff on the mission statement?

FORM A

MISSION STATEMENT WORKSHEET

Name of Program

DESIRED END RESULT:

e.g. To reduce the number of youths coming into contact with police for delinquent or potentially delinquent behaviour.

TARGET POPULATION TO BE SERVED:

e.g. Six- to fourteen-year-old minor delinquents or potentially delinquent youths.

PROBLEMS TO BE ADDRESSED:

e.g. Family problems that are precipitating acting-out and delinquent behaviour in youths.

GENERAL APPROACH TO BE TAKEN:

e.g. Identifying and resolving family problems or referring the family or youth to an agency for more intensive assistance.

MISSION STATEMENT:

e.g. To reduce the number of 6-14 year old youths coming into contact with police for delinquent or potentially delinquent problem behaviour by identifying and resolving underlying family disturbances that may be precipitating the acting-out behaviour or by referring the family or youth to an agency for more intensive assistance.

4.4 Formulating the Program Goals

1. Description

Goals are general statements of program aims--the desired end results. A goal need not have a specific time limit, and it may never be fully attainable. A goal does, nevertheless, set its sights for the future. A goal should indicate the progress to be made toward solving a problem; an action such as 'increase,' 'maintain,' 'assure,' 'stabilize,' 'eliminate,' and 'reduce.'

Goals are very similar to the mission statement. Where there is only one goal to the program, the mission statement is the program goal and would be called such. Where there are several problems (although possibly interrelated) being addressed by the program and therefore two or more goals, then one should formulate both a mission statement of the philosophy and purpose of the program and two or more goal statements. Some of the youth and family services presently operating have two goals: 1) reducing dysfunctional family relations contributing to youth involvement in delinquent activities; and 2) increasing responsibility among community groups, police, social service, health, and educational services to identify delinquency problems, deliver appropriate social services, or institute other crime prevention strategies.

2. Process

A useful method of identifying program goals is to start by defining the specific problems or the developmental needs of the target population. Each program statement can be inverted to arrive at a program goal. Below are four examples:

EXAMPLE ONE:
Problem One:

Many youths are engaging in delinquent activities or are coming to the attention of police because of problems or conflicts at home between parent and child.

Goal One:

Reduce the dysfunctional relations between parent and child contributing to the child's acting out, delinquent, or runaway behaviour that is bringing him or her into contact with police.

EXAMPLE TWO

Problem Two:

Police feel discouraged and frustrated by the fact that many of the young juveniles they apprehend for delinquent offences are not being dealt with by courts--the response is too little and too late to deter the child's behaviour--and thus they often encounter these juveniles again engaging in delinquent activities.

Goal **Two:**

Reduce repeat delinquent activities by providing quick response counselling or treatment to the youth and making the youth become immediately aware of the consequences of his actions, instead of delaying consequences by processing the youth through the judicial system.

EXAMPLE THREE:

Problem Three:

Police feel that they are overloaded with work in apprehending juvenile offenders and investigating the case for sufficient evidence to present in court, only to see the court throw these cases out. Frequently they encounter the youth in trouble again and have to repeat the entire process.

Goal **Three:**

To reduce the amount of police time spent investigating minor juvenile offence cases and presenting evidence in court when these cases are generally dismissed by the court by releasing and referring the youth for delinquency prevention counselling or treatment at police discretion.

EXAMPLE FOUR:

Problem Four:

Provincial and municipal governments are concernd with the cost of increasing police and court services to deal with rising rates of delinquent offences such as shoplifting, willful damage, public disturbance, etc.

Goal **Four:**

To stabilize the accelerating costof police and court services by not increasing the number of law enforcement officers to deal with minor juvenile delinquent activities but instead instituting more cost-effective intervention and prevention strategies.

All of these examples could be goals of a police-based youth and family counselling program. Notice that these program goals address problems or needs of different groups. A social worker or family therapist may be concerned with Problem One. Police may be concerned with Problems Two and Three. Community groups, schools, and social service agencies may be most concerned with Problem Four. The perceived problem(s) have critical significance for the defining of program goals and subsequently for the defining of program objectives and specific program services.

Notice, also, the program goal statements in these examples specify:
.a desired end result;
.a target population to be served;
.problems to be addressed;
.the general approach to be taken.

The following format (Form B) can be used to write the problem and goal statements. Notice that a problem and goal statement should be formulated for each of these six groups: the criminal justice community, the local police detachment, the community, the social service system, the funders, and the project staff.

Many of these groups are concerned with similar problems and thus have common goals. Also, given limited resources, it may not be feasible for the program to address the perceived problems of all these groups. Although each of these groups may demand that the program address their particular problem or concern, the program manager (evaluator) will have to determine which of these concerns are the most important. (The funder's concerns are very important if one wants to ensure ongoing funder support.) It may be some concerns can be addressed by a common goal and services. A final realistic set of program goals should be listed. No more than two or three is typical and reasonable for a youth and family counselling service with the resources of two program counsellors.

FORM B

PROBLEM AND GOAL STATEMENT WORKSHEET

Name of Program:

1. The Problems as seen by the **Criminal Justice Community:**

____
____
____
____

Desired end result: __________
Target Population: __________
Specific Problems Addressed: __________
General Approach Taken: __________
Goal Statement: __________

2. The Problems as seen by the **local police detachment:**

____
____
____
____

Desired end result: __________
Target Population: __________
Specific Problems Addressed: __________
General Approach Taken: __________
Goal Statement __________

3. The Problem(s) as seen by the **schools and other community groups:**

____
____
____

Desired end result: __________
Target Population: __________
Specific Problems Addressed: __________
General Approach Taken: __________
Goal Statement __________

4. The Problem(s) as seen by the **social service community:**

____
____
____

Desired end result: __________
Target Population: __________
Specific Problems Addressed: __________
General Approach Taken: __________
Goal Statement __________

5. The Problem(s) as seen by the **funders:**

____
____
____
____

Desired end result: __________
Target Population: __________
Specific Problems Addressed: __________
General Approach Taken: __________
Goal Statement __________

6. The Problem(s) as seen by the **project staff:**

____
____
____
____

Desired end result: __________
Target Population: __________
Specific Problems Addressed: __________
General Approach Taken: __________
Goal Statement __________

4.5 Defining a List of Program Objectives

1. Definition:

Objectives are very specific statements of intended results of day-by-day activities engaged in by agency staff. Compared to goals, objectives are:

- **more specific and concrete;**
- time-limited (less than one year)
- **measurable** in some way (certain assumptions may need to be made to infer an unobservable event from an observed behaviour, e.g. attitude changes from behaviour changes or self-report or vice-versa).

In addition, objectives are:

- **defined in terms of results**, rather than actions to be performed. In most cases, they are designed to cover a single end result;
- **operational**, serving as guides to action;
- **written**, to communicate clearly to all parties concerned and to provide documented performance experience for future objective setting;
- **feasible** in terms of personnel, financial, and other available resources;
- **limited in number**, to focus attention upon major performance concerns;
- **formulated to encourage growth**, within attainable limits, in light of past experience;
- positive **statements** of what is to be accomplished, rather than negative statements of what is to be avoided.

2. Type of Objectives

For practical purposes, objectives can be divided into two categories:

1. operational (process) objectives
2. impact (outcome) objectives

The definitions of these two types are not absolute and it may be some objectives can be classified in both ways. The important thing is to find some way to better understand and formulate the program objectives, not to make rigid classifications.

3. Operational (Process) Objectives

Operational objectives are related to the internal operation of the program. They usually focus on the activities that make up the program, the time required to accomplish activities, the volume of work to be performed, and the resources to be used. Operational objectives are quantifiable and deal mostly with efficiency. Examples of operational objectives listed by many youth and family counselling programs are as follows:

1. To establish contact with all referred clients within one week of the referral.
2. To set an appointment for an office interview within a week of establishing contact with the referred clients.
3. For all clients meeting referral criteria, conduct an assessment of the problem behaviour and provide in-house counselling or refer the family elsewhere to an available appropriate service.
4. Participate in four ride-alongs with police members per month.
5. Attend all inter-agency meetings in the community.
6. Visit each elementary and junior secondary school counsellor in the district and talk about the purpose and services of the program at least once a year.
7. Provide orientation instruction to each new police member transferred to the local police department on the purpose, objectives, target population, and service of the program.
8. Provide feedback on every referral to the referring party that the case was received and what was the immediate disposition of the case. Provide feedback to the referral source on the results of program interventions with this youth and family at termination (and at interim points if counselling extends over one month).

The achievement of operational objectives is usually not difficult to determine. Three basic types of program measures may be used:

a) Work Flow Indicators: These are indicators of the time required to accomplish the activities that make up a program, the sequnce in which they are to be undertaken, and special interdependencies that may exist among activities, for example:

- average time between the problem incidence and receiving the youth referral;
- average time between receiving the referral and contacting the family;
- average time between receiving the referral and conducting an in-office family interview; average length of counselling service.

b) Volume Indicators: These are straightforward indicators of the volume or size of a program or activity. These are measures or projections of the quantity of goods and services (outputs) produced by a program in terms of the number of clients served or the volume of services provided, for example:

- number of clients served;
- number of counselling sessions;
- number of police referrals;
- number of community referrals;
- number of contacts with family;
- number of hours spent dealing with youth and famiily;
- number of consultations provided to police;
- number of training seminars or workshops provided.

c) Productivity Ratios: These are measures (or performance indicators) which gauge the production and/or efficiency of operations of a program in whole or part. Productivity ratios may be obtained by measuring the volume of work performed and relating it to inputs such as:

i) funds to arrive at units costs; for example:
  - average cost per client served;
  - average cost per counselling session.

ii) staff, to arrive at staffing ratios; for example:
  - case load per counsellor;
  - average number of clients served per counsellor

iii) time, to arrive at timing ratios; for example:
  - average amount of time spent on counselling clients per month;
  - average amount of time spent on consultations per month;
  - average amount of time spent on training seminars or workshops per month;

- average amount of time spent in community meetings;
- average amount of time spent on administrative activities and record keeping.

For most programs, no single productivity ratio will be adequate to evaluate the efficiency of all work performed in a program or activity. More than one indicator or a set of interrelated indicators may be used. Although there is no limit on the number of indicators, use of more than four or five confuse rather than enlighten the analysis. It should be decided which of the operational procedures are objectives most critical to the overall success of the program.

4. Impact Objectives

In a social service program, impact objectives are the heart of the matter. These are the objectives which identify the desired outcome of program services. They provide a way to identify the effect of the program on the individual client and finally on the aggregate of all clients. Impact objectives are the basic tools for assessing program effectiveness. They are usually difficult to qualify. One must grapple with questions about "successful treatment," "improved functioning," "increased responsibility." How does one know when the problem identified in the goal statement is solved or ameliorated? Impact objectives must specify a **change** from one state of events or functioning, to another. The events or states to be changed must be things like **attitudes, behaviours, values, knowledge, skills, structures,** etc. And, most importantly, achievement of impact objectives must be **instrumental** and **subordinate** to one of the program goals. Thus, impact objectives must:

- specify a change event;
- specify what event is to be changed; and
- be instrumental for reaching program goals.

For example, impact objectives for improving family functioning may be as follows:

1. increase communication between parent and child about how each feels about themselves and the events happening around them;
2. increase feelings of self-worth in individual family members;
3. improve parent disciplining skills;
4. make youths aware of the long-term consequences of continued acting-out and delinquent behaviour;

5. increase the amount of time parents spend recreationally with their child;

6. improve parents' ability to cope with life stress events;

7. eliminate acting-out behaviour in youths, etc.

This is only a sample of possible objectives instrumental to the improvement of family functioning. It may be some objectives will be applicable to some of the program's families and not to others. In that case, it might be best to formulate a small set of broad program objectives that would apply to all clients (e.g. increased family communication) and then specify **specific client objectives** that will be defined for individual clients at the point of referral and assessment.

At this point in defining the program model, it is necessary only to specify the program objectives (although one may want to list examples of some of the specific client objectives).

5. Impact Measures

Methods for measuring achievement of impact objectives (e.g. reducing delinquency) will not be discussed in this chapter on Process Evaluation as it only becomes necessary when an impact evaluation is to be implemented.

6. Process and Defining Program Objectives

Developing objectives and their measures is a job primarily for program staff. They are the people who undertake the daily project work and should have the best sense of the progress which can be anticipated. It is they who must carry out program activities with these objectives as their targets, and for the most part, they will be the ones to document the interim information used in data gathering at the end of the designated evaluation period. Their commitment to the objectives and their cooperation in monitoring them is essential.

Following is an approach for defining program objectives:

1. Begin the process by studying each program goal. Work from the goal, not from activities, because it is important to monitor change, improvement, and growth, not just the maintenance of existing activities. In 'brainstorming sessions' with program staff,the facilitator should have staff list all of the results they believe (even wish for) that would indicate progress toward the goal.

A flip chart or blackboard can be used to list the ideas.

2. Under each goal, examine each objective and categorize it as an operational objective or as an impact objective.

3. Under each goal, examine each impact objective and ask:
   - what is the desired change?
   - what is the event, behaviour, or attitude expected to change?
   - at what stage of assisting clients is it expected a change will occur?
   - is achievement of this objective dependent on the achievemnt of earlier, more specific changes, or vice versa? Are other objectives dependent on the achievement of this objective?
   - how important is this objective to fulfillment of the goals?

4. List the impact objectives in order of importance. Several objectives may have the same importance as others.

5. Under each program goal, examine each operational objective and ask:

   - does it specify a workflow (case management flow), a volume of work or action, or a productivity ratio?
   - how important is each operational objective for program efficiency?
   - how important is each operational objective to the program goal?

6. List all indicators of achievement of operational objectives.

7. Use the following format to write and list the operational and impact objectives (Form C).

FORM C

PROGRAM OBJECTIVES WORKSHEET

Program Name:

Program Goal:

Operational Objectives:

Obj. 1: Work Flow Indicator:
Volune Indicator:
Productivity Ratio:

Obj. 2: Work Flow Indicator:
Volune Indicator:
Productivity Ratio:

Obj. 3: Work Flow Indicator:
Volune Indicator:
Productivity Ratio:

Impact Objectives:

Obj. 1: Desired end result--what change (behaviour, attitude, knowledge, skill)?

Direction and/or amount of change:

Importance to Goal and Order of Dependence to other objectives:

Summary Statement:

Obj. 2: Desired end result--what change (behaviour, attitude, knowledge, skill)?

Direction and/or amount of change:

Importance to Goal and Order of Dependence to other objectives:

Summary Statement:

Obj. 3: Desired end result--what change (behaviour, attitude, knowledge, skill)?

Direction and/or amount of change:

Importance to Goal and Order of Dependence to other objectives:

Summary Statement:

4.6 Specifying the Program Target Population

While the program's targeted client population is mentioned in the problem statement and in the program goal statements, it is usually the case that specific criteria exist for accepting client referrals or requests for assistance from community or police organizations. Or it may be all client referrals are accepted and provided some sort of service but it is expected there will be different program effects on different types of youths and families. For example, many police-based youth and family counselling programs specify that they will provide counselling only to the families of youths having characteristics that meet the following criteria:

- between 6 and 14 years of age;
- first-time apprehended for a delinquent offence; or
- exhibiting potentially delinquent problem behaviour;
- not mentally disturbed or mentally/physically handicapped;
- parents are willing to participate with youth in counselling sessions.

All other youths will not be accepted, or, in the case of police referrals, referred to another social service.

In cases such as this where specific criteria are listed for accepting or rejecting client referrals or for responding to requests for consultation from community and police groups, these criteria can be listed as operational objectives.

Where there are other client characteristics (than those described in the referral criteria) that may mitigate or affect the efficiency and effectiveness of program services, or, more specifically, the type of service provided (e.g. first offenders vs. multiple offenders), these important client characteristics must be listed and monitored.

Client characteristics considered important by many youth and family counselling programs are as follows. (Not all programs would necessarily monitor all of these variables):

- sex;
- age at referral;
- specific reason for referral;
- self-reported previous delinquent activities;
- police reports of suspected previous delinquent activities;
- previous use of social services;
- school status and performance;
- family living arrangement;
- working status of both parents;
- number of children in family;
- history of alcoholism and criminality influences in family.

All client characteristics and referral criteria that are considered to be important for delivering services should be documented.

4.7 Listing Program Activities and Services

It is important to document all program services to be provided directly to youths and families. According to the program objectives, this may include information/consultation, brief services, individual counselling, family counselling, marital counselling, parent-effectiveness training, or referral to other social services. In addition, all other program functions and staff activities as they relate to any of the other program objectives should be listed. This may include case consultations with police and agency social workers, training workshops on delinquency prevention, seminars for community and police groups on the symptoms of early delinquent development, consultation with community groups on community planning around juvenile crime, attendance at community inter-agency meetings, disseminating program information to possible sources of juvenile referral, administrative activities, etc.

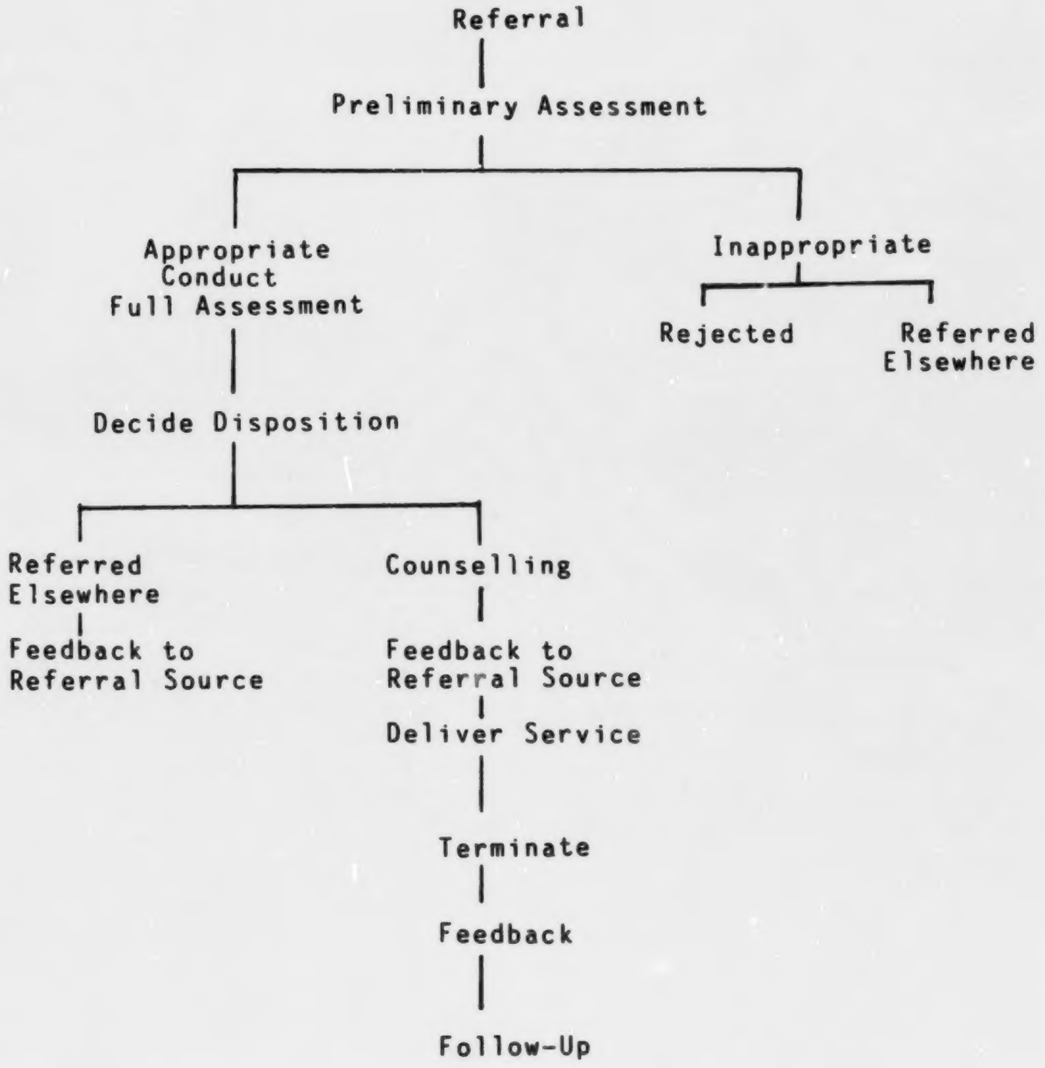
4.8 The Program Delivery System, Organizational Structure, and Resources

To complete the description of a program, a chart of the program's organizational structure should be prepared. This structure should show the formal and informal accountability and reporting relationship between funders, program managers, community boards, and all program staff. Volunteers should also be depicted on this chart. For example, a volunteer student worker may be accountable to a specific staff member rather than to the program supervisor or the program managers. Also, the program supervisor may have a formal reporting relationship with the police on some matters and to a community board or the program funders on other matters.

A flow-chart or listing of the service delivery system should also be prepared. Since most of the services and activities are oriented around a particular request for service or assistance from families (via referral), police, and community groups, it is important to describe the program delivery system in terms of these requests or referrals. For example, the program delivery system for client referrals may be as follows:

FIGURE 2

CASE FLOW MANAGEMENT OF REFERRALS TO A YOUTH AND FAMILY COUNSELLING PROGRAM

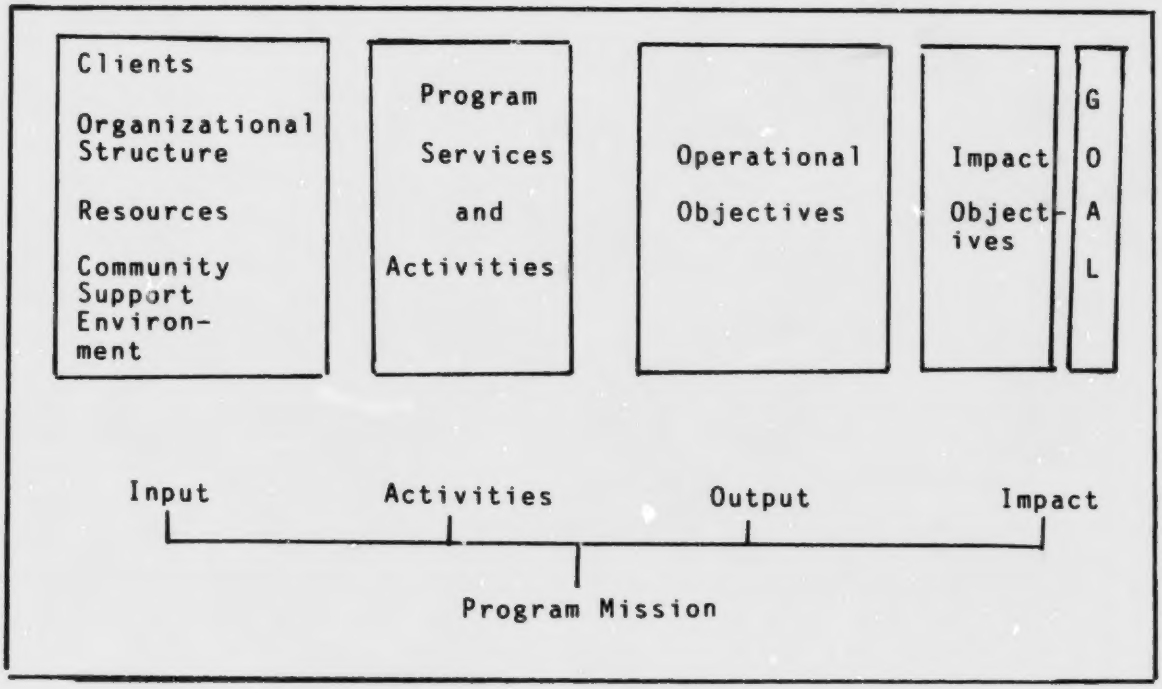

Referral
Preliminary Assessment
Appropriate
Conduct
Full Assessment
Inappropriate
Rejected
Referred Elsewhere
Decide Disposition
Referred Elsewhere
Feedback to Referral Source
Counselling
Feedback to Referral Source
Deliver Service
Terminate
Feedback
Follow-Up

4.9 Prepare a Summary Program Model

If all steps have been followed in this chapter, there should now be a full description of the program. A simple way of representing the basic elements of the program is shown in Figure 3.

FIGURE 3

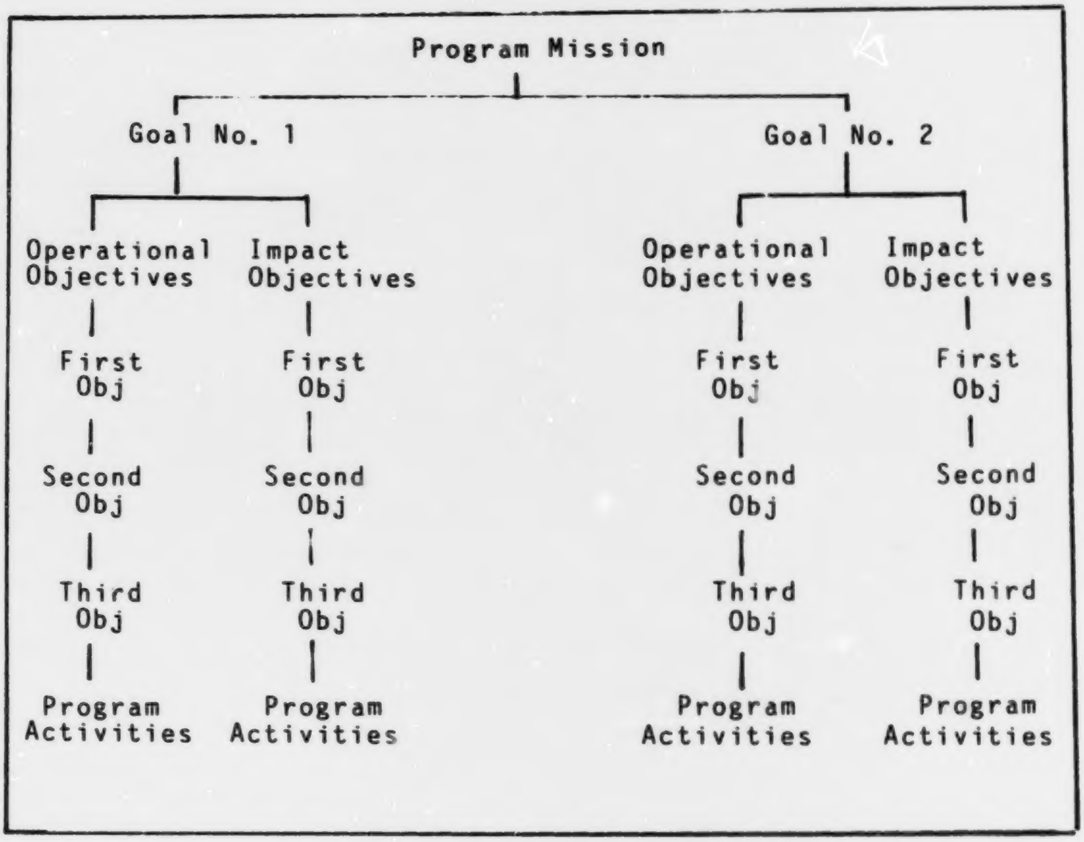
TYPICAL PROGRAM MODEL


Clients
Organizational Structure
Resources
Community Support Environment
Program Services and Activities
Operational Objectives
Impact Objectives
GOAL
Input
Activities
Output
Impact
Program Mission

Since this structure oversimplifies the interrelationship between the program goals, impact objectives, operational objectives, and program services/activities, another way of representing these elements is to use a hierarchical tree-like structure. This is illustrated in Figure 4.

FIGURE 4

HIERARCHICAL TREE STRUCTURE OF PROGRAM OBJECTIVES AND SERVICES


Program Mission
Goal No. 1
Goal No. 2
Operational Objectives
Impact Objectives
Operational Objectives
Impact Objectives
First Obj
First Obj
First Obj
First Obj
Second Obj
Second Obj
Second Obj
Second Obj
Third Obj
Third Obj
Third Obj
Third Obj
Program Activities
Program Activities
Program Activities
Program Activities

A chart should be prepared using the format in Figure 3 or 4, to summarize and hierarchically organize the program mission, goals, objectives, and services.

4.10 Elements of a Process Analysis

Now that the program goals, objectives, services, target population, resources, and delivery system have been formally defined, it is a simple matter to specify what data is to be collected for process analysis. The primary purpose of process evaluation is to describe the program model in terms of inputs, process, and outcomes, to monitor whether the program is operating as planned, and to identify the sources or causes of discrepancy between the actual program operations and the planned operations. To do this, one needs to compare:

1. The ACTUAL volume of program clients	WITH	1. the PLANNED volume of program clients;
2. The ACTUAL characteristics (e.g. proportion of males, females, average age, etc.) of program clients	WITH	2. the PLANNED characteristics of program clients;
3. The ACTUAL types and volume of services delivered to different clients or groups	WITH	3. the PLANNED types and volume of services delivered to different clients;
4. The ACTUAL type and amount of resources spent to deliver program	WITH	4. the PLANNED type and amount of resources to be spent;
5. The ACTUAL type and sequence of procedures taken to deliver services to a client	WITH	5. the PLANNED type and sequence of procedures to be delivered to a client
6. The ACTUAL amount of time spent delivering different services to a client	WITH	6. the PLANNED amount of time to be spent delivering different services to a client; and
7. The ACTUAL amount of time spent managing the program relative to time spent on direct service	WITH	7. the PLANNED amount of time to be spent managing the program relative to time to be spent on direct service.

In order to make these comparative analyses, data should be collected on:

- characteristics and volume of accepted and rejected program clients;
- what services (and their volumes) are requested by what individuals or groups;
- what actions were taken or services delivered (and their volumes) in response to each request;
- what procedures and sequence you followed and the length of time spent responding to each request for service or assistance.

The specific data elements to be collected for each program will be determined by the elements listed in the program model. Generally, it is not practical or useful to collect information on all aspects of program clients, services, and operations specified in the program model. The program model should be examined and a specific **subset** of information to collect that, when used in a comparative analysis of the actual program with the planned program, will give enough information to conclude whether the program is operating as planned, and to assess how efficiently it is operating. If the program is not operating as planned or efficiently, it is important to be able to determine the causes or reasons.

Table 1 provides a list of the general process evaluation questions applicable for most typical social service programs. Examples are provided of some specific questions and the corresponding data to be collected for police-based youth and family counselling programs. Since many police-based youth and family counselling programs provide services to two client groups--youths and their families and also to police or community groups--a sample list of data to be collected on program clients is provided for both client groups.

TABLE 1
PROCESS ANALYSIS

Process Evaluation Questions (examples of specific questions for PB-YFCP)	Specific Data Elements Collected
1. Do characteristics of actual program clients correspond to the target population in terms of: . sex? . ages? . history of delinquency? . family structure? . socio-economic status? . history of prior social service intervention? . school performance? . problem history? . reason for referral?	1. **For accepted and rejected youth clients** - sex; age; number of previous delinquences or contacts with police; grade level at school; attending school/dropped out; academic performance; living with what family members (both parents, single parent, step parent, foster parents, group home); number of children in home; both parents working or not; income of family; number of times referred previously to a social service; reason for referral (type of offence or problem).
2. For police or comunity groups as clients in terms of: . which police groups; . which community groups; . which social service groups.	2. **For police or community groups as clients** - youth detail or general duty professional or citizen community group; professional affiliation (MHR, Mental Health, probation, schools, university, etc.)
3. Were appropriate services provided on each request or referral for each client group as planned in the program model?	3.
a. For youth or family as clients: . if no service provided, what reasons? . if referred elsewhere, what reasons and where to? . if counselling provided, to what type of youth, what kind of counselling, and how long? . what other services provided? . who received counselling, whole familyk, or individual youth and parent?	a. **For each youth or family** as clients - reason for no service (characteristics inappropriate, staff overloaded, family or youth refused, family or youth made contact); reason for referral elsewhere (inapporpriate, problems require more intensive service, other agency assistance is available, staff overloaded); counselling intensity (brief service, short-term intensive counselling, sustained counselling); number of counselling sessions; number of times youth and family receive counselling; other services (information, consultation); type of referral problem of youth receiving counselling or other services; counsel type (family, individual); which family members attend counselling.

b. For **police or community groups:** . what service was requested and was it provided? . how much time is spent on service to community groups in contrast to direct service to youth and and family clients?	b . **For each police officer or representative of community group**--community requesting service (police, citizen group, school, MHR, etc.); type of service requested (information, community planning on crime problems, coordination of community social services, training workshop, etc.); request delivered; time involved to satisfy request.
4. Were there sufficient resources, as planned, to provide appropriate services to clients? . what percentage of appropriate youth referrals were serviced? . if a high percentage of appropriate referrals were not serviced was it because of staff shortage, lack of funds, administrative problems, or client refusal or disinterest?	4. **For each appropriate request for service, whether a youth referral or community or group request**--list specific reasons why request not met or no service delivery, counselling available, no funds, client refused, or disinterested, other services involved).
5. Were the types of operational procedures and their sequence consistent with planned program operating and case management procedures?	5. **For each client referral, check off if each of the program operating procedure conducted** (e.g) --appropriate referral received, information recorded; letter to referral source notifying of receipt; family contacted by telephone; interview scheduled; assessment conducted; assessment/intake information recorded; client referred elsewhere or counselling commences; youth and family members attended sessions; counselling terminated; termination information recorded; letter sent to referral source notifying case conclusion; 3-month follow-up client; 3-month check of police files.
6. Did the program achieve its operational or process objectives? . 'x' number of appropriate youth referrals per month? . was the duration of short-term counselling less than 12 sessions or 3 months? . did a counsellor make contact with family within one week of the referral?	6. **Aggregate statistics by month on**--number of referrals; number of referrals and average duration of counselling; percentage of clients counselled longer than 12 sessions; average duration of time between referral and contact made; percentage of clients contacted more than one week after referral.

4.11 DATA COLLECTION PROCEDURES

1. Description

Data collection forms must be designed to collect the information specified in the previous Section. Data collected for the purpose of monitoring the program's delivery of services to youths, families, and community groups is only one part of a program's entire management information system. A program's management information system collects information on many aspects of program management (1) acquisition and expenditure of program funds; (2) scheduling and management of staff work hours, (3) program monitoring of clients and program services; and (4) before and after measurement of program outcomes. Much of the data collected can be (must be) used for more than one management purpose. In addition, all data collected must be recorded in a standardized manner (this is particularly important when client behaviour is being rated or measured). It must be consistently recorded at the designated time and it must be retrievable.

Many programs fall prey to the syndrome of collecting massive amounts of information on their clients at intake, during the program, and at termination, but in such an idiosyncratic open-ended manner that there is no way of comparing the amount of progress and the behavioural assessments of one client with another (they could be apples and oranges). Most importantly, the task of locating and retrieving this highly scattered and subjective information after-the-fact from client files would be an insurmountable task. Frequently, some kinds of information are recorded several times in different places or on different forms because it was needed for more than one purpose. It is far better to collect a more limited set of data to be used effectively than to collect massive amounts of data that are lost in the files.

Thus, data collection forms to be used for program monitoring and evaluation must permit systematic standardized collection at the designated time periods by designated persons. They must be integrated with other program management information forms so that there is little duplication. Automatic and regular retrieval (monthly) of this information on an individual or aggregate basis must be possible. In no way should these program and client monitoring forms interfere with the assessment and progress report kept on individual clients. While all data collected on the program and client monitoring forms generally is contained in individual client files, monthly and yearly aggregate information is more easily retrievable and usable from a specially designed monitoring form.

Section 4.10 provides a long list of potential data that could be collected on clients referred to the program and on the program service delivery system. Under no circumstances is it possible to collect all this data. A decision will need to be made to select a shorter list of data to be collected. To make this decision, look again at the operational objectives and decide which ones are most important to the program's overall success. Generally, the data can be organized into two types of forms:

1. a program monitoring form that will be used daily; and
2. a client statistics form that will be used at three points in time for each client:
   a) at intake;
   b) at termination; and
   c) at follow-up.

(Some information collected at termination and follow-up pertains to measurement of the impact of the program on the client. This will become readily apparent with the implementation of an impact evaluation design.)

Design and implementation of data collection forms and procedures involves the following steps:

1. Examine the evaluation process questions and corresponding data to be collected to answer each question listed in Section I (See Table 1, p. 47).

2. Select a subset of evaluation process questions and the corresponding data elements that are **important** for judgment of the program's operational success and are **feasible** to investigate. The desired information on youths and their families may be unavailable because of client reluctance, 'red tape,' retrieval difficulty, or information confidentiality.

   Check?_____

3. Organize the data to be collected which pertains to descriptive information on individuals prior to entry into the program, at termination, and at follow-up (samples of client statistics forms will be discussed later).

   Check?_____

4. Organize the data to be collected which pertains to the pattern of service delivery and the flow of actions taken to all requests for assistance. (Samples of program monitoring forms will be discussed later.)

   Check?_____

5. Construct the Client Statistics Form and specify procedures for use (instructions follow).

   Check?_____

6. Construct the Program Monitoring Form and specify procdures for use (instructions follow).
   Check?_____

7. Decide who will collect data to be recorded on both forms and when this data will be recorded.
   Check?_____

8. Decide how often the summary totals will be calculated and analyzed.
   Check?_____

9. Begin data collection.
   Check?_____

2. Design of the Client Statistics Form

Following is a sample of a client statistics form for youth and family counselling programs (Form I).

This type of data collection form identifies the type of information to be collected (the question) and pre-categorizes the specific data or responses to each question. For example, five groups are identified as the sources from which youths are referred to the program: police, school, family, statutory agencies, and business establishments. If none of these apply (e.g. the fire department), then an 'other' category can be utilized. Instructions for use of this form are as follows:

1. Each client referred to the program needs to be provided with an identificaiton number. This is for the purpose of maintaining the anonymity of the client while allowing the statistics form to be used as a public record. The name of the client (including sex, birthdate, address, and parent's name) should be recorded in a master index card file. A simply procedure for assigning an I.D. number is year, month, consecutive referral number, e.g. 820601 (the first referral received in the month of June, 1982).

2. Following intake or assessment of a referred youth, there should be a recording on whether it is a new referral, the source of referral, the reason for referral, the number of prior contacts the youth had had with police, and what type of contacts there were, the type of service to be provided, and the focus of the counselling (family or youth).

Note:

This later set of data to be collected and recorded on the statistics form will be used in the impact evaluation of the program.

3. At termination of contact with a youth and family, one should record the number of contacts the counsellor has had with youth and family, the date of termination, and the reason for termination.

4. At termination, follow-up assessment of the youth and family should be conducted and recorded according to a pre-categorized standard. Detailed assessment information would be in the client file.

5. Three months following termination, a follow-up assessment should be conducted and recorded.

6. Six months following termination, a check of police files should be conducted and a note made on whether there has been repeat youth involvement with police for either a delinquent offence or non-delinquent behaviour problems.

7. At the end of each month, totals should be calculated wherever there is complete information. Also, one can calculate the year-to-date totals (YTD) summing across all the previous months were there is complete information. (Totals summed across incomplete or missing monthly totals will be misleading.)

FORM D

CLIENT STATISTICS FORM
(Example of SubCategories)

I.D.#	Age	Sex	Source of Referral	Date of Referral	Reason for Referral	Type of Services Provided	Termination Date & Reason	Assessment at Termination	Follow up Assessment
			P-police S-school F-family A-agency B-business O-other			I-information R-referral BS-brief services C-counselling N-nothing		S-successful resolution P-partial resolution T-therapist terminated early F-family terminated early R-referred elsewhere N-no progress	

3. Design of the Program Monitoring Form

Two formats are provided for constructing a program monitoring form. Program Monitoring Format - Type I (Form E) is a system by which each request for service is tracked through various stages from the source of request, the type of request, the type of action (if any is taken), reasons for no action or referral elsewhere, the number of contacts with the requesting group or individual during that two-week period, whether action has been completed or is ongoing, and the number of days between request and completion. If action is ongoing with a group or individual, it is recorded as ongoing on the next two-week monitoring forms. This system provides the program manager with information on the delivery of a variety of services to a variety of different groups, not just a youth or family referred for counselling. It also provides information on the magnitude of requests for assistance or service, the amount of requests/actions ongoing, and the toal amount of cases or groups a counsellor is responding to in that period of time.

Another format for recording requests for service and what action is taken is provided in Program Monitoring Format - Type 2 (Form F). This format might be suitable for a program in which each day there were a multitude of tasks undertaken and the amount of time spent dealing with any one request for assistance or a task was short. Such might be the case for brief service/crisis intervention counselling services. As can be seen in Form F, no attempt is made to track requests for service; rather summary totals are recorded each day on the number of different actions taken or requests satisfied under each reference category (the police, the community, clients, and program management) and the total amount of time spent on activities within each category each day. This data collection format is certainly simpler than Form E but because it aggregates all information immediately upon recording, there is much information lost on what has happened to individual requests for assistance. However, that information may be unimportant to the program manager or the program funders.

FORM E

PROGRAM MONITORING FORM
(Example)

Request for Service	Source of Request	Date of Request	Action Taken	Time Spent on Action	Time Between Request & Completion	Completion Date	Outcome of Action

FORM F

MONTHLY SUMMARY: PROGRAM MONITORING FORM

RECORD TIME SPENT EACH DAY (OR INDIVIDUAL CONTACTS MADE)

Month:________________	Week 1						Week 2						Week 3						Week 4					
Services Delivered	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
e.g. **A. Clients** information call																								
brief consultation call																								
crisis intervention																								
community meeting																								
management meeting																								
in-person counselling																								
referral call																								
school talk																								
B. Police																								
Case consultation																								
workshop																								
ride-along																								

4.12 Guidelines for Data Analysis and Interpretation

Analysis of data on a process evaluation of a program is very simple. There are basically four operations:

1. **count** monthly totals on people, time, places, for each value on each category of information (e.g. number of male clients; number of female clients; number of referrals from police; number of referrals from schools, etc.);
2. **add up monthly totals to establish** a six-month or **longer total** (the period of evaluation);
3. **using the six months or longer total**, convert numbers within each category **into proportions**, i.e. percentages (e.g. percentages of males to female referrals; percentages of referrals made by police, school, agency, family, or other);
4. **compare** percentages on **actual** performance of program with planned performance of program;
5. **list all discrepancies** between actual and planned performance and **determine** positive and negative **reasons** for discrepancies.

1. Counting Operation and Converting Percentages

Below is a sample list of monthly totals a manager might want to have on a program. Within each category, numbers (over a six-month or longer period) can be converted into percentages. One should always keep in mind the total number of clients referred, the total number of clients provided with program services, and the total number of other services provided (e.g. consultations). For each category of information, one should check to see that the totals are correct and that percentages within each category add to 100.00 percent.

Sample List of Monthly Totals on Program Progress:

1. Number of referrals

2. Number of requests completed (terminated)

3. Source of referral:

   (i) Number of police youth officer requests
   (ii) Number of general duty police requests
   (iii) Number of school requests
   (iv) Number of family self-referrals or requests
   (v) Number of community service agency requests
   (vi) Number of citizen requests

4. Demand for service - type of request:
   - (i) Number of client counselling referrals
   - (ii) Number of police case consultations
   - (iii) Number of agency case consultations
   - (iv) Number of client information/consultations
   - (v) Number of information meetings attended
   - (vi) Number of training workshops sessions with the police
   - (vii) Number of training workshops sessions with community groups;
   - (viii) Number of planning sessions or workshops with community groups on community social services
   - (ix) Number of information workshops or seminars for police
   - (x) Number of information workshops or seminars for community groups

5. Type of action taken:

   - (i) Number of no actions taken because family did not contact counsellor
   - (ii) Number of no actions taken because it was an inappropriate request or referral
   - (iii) Number of no actions taken for other reasons
   - (iv) Number of requestors or clients referred elsewhere because they were not Saanich residents
   - (v) Number of requestors or clients referred elsewhere because they were inappropriate cases
   - (vi) Number of requestors or clients referred elsewhere because other services in community are available
   - (vii) Number of requestors or clients referred elsewhere because another agency is involved
   - (viii) Requestor or client referred elsewhere for other reasons
   - (ix) Number of police consultations
   - (x) Number of agency case consultations
   - (xi) Number of client informatin/consultations
   - (xii) Number of information meetings attended
   - (xiii) Number of training workshop sessions with the police
   - (xiv) Number of training worshop sessions with community groups
   - (xv) Number of planning sessions or workshops with community groups on community social services
   - (xvi) Number of information workshops or seminars for police
   - (xvii) Number of information workshops or seminars for community groups
   - (xviii) Number of clients provided brief services
   - (xvix) Number of clients counselled

6. Average amount of time spent to service request or referral

7. Amount of time spent on program operating or administrative functions:
   (i) Information meetings with police
   (ii) Information meetings with community groups
   (iii) Riding along on police patrols
   (iv) Staff development for counsellor
   (v) Maintaining client files
   (vi) Providing feedback on referrals
   (vii) Monitoring and evaluation functions
   (viii) Other administrative functions

8. Total amount of time per month spent on program operating or administrative functions.

E. **Comparison between** Actual and Planned and the Reasons for Discrepancies

It is important to list all areas in which there is a discrepancy between the actual performance of the program and the planned model, even if these are areas that were expected or planned during an intermediary step after the initial model was formulated. There are many reasons why the actual program may be discrepant in certain areas from the planned program. They are not necessarily bad reasons, for it may be that the original program model was faulty and needed to be modified. For example, it may be the program identified a target population so narrowly (e.g. first offender under 12 years of age) that they missed the 'real' group of people in need of the program services (e.g. first offenders between 12 and 16 years of age).

Positive reasons for discrepancies between actual and planned performance are those which were observed and resulted in purposeful modifcations to the program model in order to:

1. address an unexpected problem with youths and families in the community;
2. facilitate achievement of operational or impact objectives;
3. attain access to the target population;
4. maintain ongoing operational existence given existing staff and financial resources.

In cases where the program model is faulty, the appropriate modifications should be made and a new program model documented for ongoing evaluation. While all programs requie some modifcation for the reasons stated above (and this is good), it would not be good if the original program model was so faulty that the entire program model had to be changed in terms of objectives, target population, and operating procedures.

Negative reasons for discrepancies between actual and planned program performance are those which were not expected or planned and occurred for reasons such as:

1. staff incompetency or lack of motivation;
2. inattention to the objectives of the program;
3. lack of support from the referral sources;
4. lack of understanding of program objectives among the referral sources;
5. socio-political pressures from management and/or community that consumes staff time and energy and creates confusion regarding program objectives and operation;
6. sloppy or cumbersome operating procedures.

An overall judgment on program operational success should be made on the basis of the degree to which the actual program varied from the planned model (and required modification) and the number and the severity of negative factors (listed above) affecting program operations and achievement of the impact objectives.

CHAPTER 5.0

HOW TO CONDUCT AN IMPACT EVALUATION

5.1 Summary Steps for Impact Evaluation

An impact evaluation of a program is only undertaken in **conjunction** with or **after** a process evaluation of the program, **never alone.** It is meaningless to measure achievement of program effects if one is not certain that the planned program was in fact implemented. A common reason why programs fail to meet their outcome objectives or why they have a negative impact on the community is because the program operated differently than it was initially planned. It is possible some critical steps of the program operating procedures were not implemented or could not be implemented.

For example, in the case of youth and family counselling programs, one of the process objectives is to make contact with families and youths within a week of the referral and to schedule an appointment within a few days of that in order to get families to focus serious attention on a problem while still in its crisis stage. If families referred by police or community social services are put on a waiting list and are not provided with assessment and counselling for several weeks or even months, then it is likely the program will be of little benefit to these families. It is likely also the referral agencies or groups will be highly dissatisfied with the program -- possibly ceasing to make referral to the program.

As was discussed in Chapters 1.0 and 2.0, impact evaluation is concerned with three interrelated questions: (1) have the program outcome objectives been achieved; (2) what is the impact of the program on the social service community, the police, and any other involved group; and (3) what are the side effects of the program on the referred youths and families?

As was discussed in Chapter 2.0, the selection of a research design and its instruments is dependent on the type of question being asked, the availability of information, the availability of a comparison group, and any time constraints for data collection and analysis.

The process outlines in this chapter should help the manager to understand and participate in the design and implemention of an impact evaluation of a counselling program. A trained evaluation researcher will be required to actually carry out the impact study; in particular the analysis and interpretation of data. A summary of this process is listed below.

1. Organize for self-evaluation;
2. Examine program outcome objectives and select a subset of 'evaluable' objectives;
3. Define each 'evaluable' objective in measurable terms; the "amount or degree" of attitude, knowledge or behavioural change to occur over 'what' period of time, and 'when;'
4. Select or design instruments for measuring each evaluable objective and for measuring program impact on the community;
5. Define areas in which the program may have an impact on the community;
6. Select a research design for measuring each evaluable objective and for measuring impact on the community;
7. Select open-ended questions for measuring unintended side-effects of your program;
8. Specify data collection procedures and begin implementation;
9. Analyze data and report findings.

5.2 Organizing for Self-Evaluation

The first step in conducting an impact assessment of a program is to organize a planning and working group consisting of program staff and the researcher. The procedures outlined in Chapter 4.2 apply for forming the group, defining roles, and setting tasks.

5.3 Selecting Evaluable Objectives

Upon examining the list of outcome objectives for a program, most managers wonder how all objectives can be measured. And even if these objectives could be measured, most managers are concerned with how much time it would take to collect such extensive data on the youths and families in the program.

No evaluator would attempt to measure all the program objectives for two reasons: (1) data collection would be too time-consuming and intrusive to program clients (remember--the program is only a short-term/brief counselling service) and too time-consuming for staff; and (2) standardized instruments do not always exist to measure the targeted behaviour or attitude and it may be too time-consuming or beyond the ability of the researcher or program staff to design an assessment device.

A subset of the program's outcome objectives must be selected, taking into consideration the following rules of thumb:

- The outcome objectives should be organized into those expected to be achieved at termination of services for each youth or family and those which have been specifically planned to occur for a period of time following program termination.

- Select any behaviour or attitude that can be measured through client self-report or observation of the client while the client is still receiving services, for once this person has left the program, he or she may be very difficult to locate for further testing. In many communities, the population is so transient that six months later families in the program may be untraceable.

- Examine the number of families referred to the program and the various services provided. Are a sufficient number of them receiving sufficient amounts of counselling that behavioural and attitudinal changes can be expected to occur and can these changes be expected to remain present for a period of time following the intervention?

- Decide which of the outcome objectives are seen by the **funders** or the administrators as important indicators of the program's success. Decide which ones are seen by program staff as the really important indicators of the program's success. If the funder's objectives and the program staff's objectives differ, consideration must be given to the funders and an attempt made to measure the program in terms of their primary objective. **But**, if they are unrealistic and not likely attainable, be sure to measure what are the true indicators of the program's success as a means of educating the funders and justifying the program's existence.

- Choose no more than three or four outcome objectives to be measured.

Below is a list of outcome objectives most commonly chosen in an impact evaluation or police-based youth and family counselling programs:

1. prevention, reduction, or cessation of any delinquent activity following termination of counselling to youths and families (this is the most favored objective of police and funders but seen by program counsellors as difficult to achieve because of lack of control over the youth after he or she has left the program);

2. improvement in the dysfunctional family dynamics that have precipitated or facilitated the youth's involvement in delinquent activities;

3. improvement in specific social behaviour problems of youths displayed in the home or at school;

4. increased knowledge for youths of the illegal consequences of delinquent behaviour and what will happen to them in the future if they persist in such behaviour;

5. increased ability among family members and youths in question to cope with personal and interpersonal problems;

6. increased frequency and quality of communication between parents and child;

Three or four 'evaluable' outcome objectives should be specified. Any more would be too cumbersome to monitor and measure.

5.4 How to Measure Objectives

Three or four outcome objectives have been chosen as the best indicators of program effectiveness. Next, methods for measuring these attitudes, behaviours, or levels of knowledge must be chosen. Most behaviours are fairly easy to measure as they are observable events. Attitudes and knowledge are much more difficult to measure because a self-reported verbal response to certain kinds of questions is required in order to infer the underlying attitude or knowledge. For example, if there is concern about how someone feels about himself (i.e. his level of self-esteem) simply ask "do you like yourself?" However, even though a person may not like himself, he may have a difficult time admitting this to a third person he does mot know well because, in this society, it is socially undersirable to admit one doesn't like oneself. Or take a youth who has been in trouble with schools, parents, and police. It is uncertain whether he would tell "a strange adult" what he really knows or how he really feels about something. To the youth, the interviewer is just another authority figure and, in the youth's perception, not to be trusted.

Most program counselling staff are aware of most of the obstacles to counselling and treatment with problematic youths and families, but there are also other factors to take into consideration when attempting to measure an individual's attitudes and knowledge. Measuring behavioural changes is easier than measuring attitudes as it is dependent only upon the accuracy of the observation made or recording taken and upon the opportunity to make the observation or recording.

Below is a discussion of methods to measure each of the outcome objectives listed in the previous section.

1. Prevention, Reduction, or Cessation of any Delinquent Activity following Termination of Counselling to Families and Youths

With this outcome objective, the behaviour to be measured is 'delinquent activity.' Delinquent activity can be measured in two ways: (1) through youth self-report; or (2) through official police records. Obviously the youths' self-report may yield numerous instances of delinquent activity that were unknown to police but, then again, the youth's self-report may be exaggerated in certain areas to impress the interviewer. An example of a self-report delinquency measure is in Appendix A. The questions can be phrased in terms of "Have you ever," "How often," or "In the last six months have you ever," depending on whether you want to know whether he ever engaged in a particular activity or whether he engaged in delinquent activity during a specified period of time, or whether you want to know the frequency with which he engaged in each activity. Frequency multiplied by the number of delinquent incidents gives a score which is a good measure of the extensiveness of the youth's activity and can be used for comparison with other youths.

Official reports of delinquent activity tend to be a 'tip of the iceberg' phenomena but at least they are objective data. Police reports of involvement with youths generally include investigations concerning youths running away from home, suspicious loitering activity, youths' association with an individual who has been implicated in some crime, family disturbances, etc., as well as investigation of youths' involvement in a specific criminal code offence. In recording information from police files on a particular youth, make a distinction between behavioural problems and delinquent activities, i.e. events that involve the youth in criminal code offences. Also, make a distinction between suspected criminal activity and activity in which the youth was caught 'red-handed,' i.e. a chargeable offence. Whether or not a youth was charged with an offence is not necessarily an accurate measure of guilt, as frequently when the youth is quite young, no charges are laid or the police exercise discretion to 'warn and release.'

Recidivism data on youths recidivating within a specified period of time following intervention must be compared with some expected percentage rate of youths recidivating for the same period of time (e.g. it is expected 50% of these youths will have one or more repeat offences within six months if no intervention is provided). It is not valid to compare the number of offences pre- and post-intervention for individual youths. Prior offences are generally added up over the individual's lifetime prior to the intervention. Recidivism data may be calculated for a period of six months to two years following the intervention. Obviously the number of repeat offences for a six-month period would be much less than for a two-year period or over a lifetime.

2. Improvement in the dysfunctional family dynamics that have precipitated or facilitated the youth's involvement in delinquent activities

Measuring the family dynamics that have precipitated the youth's involvement in delinquent activities is not as easy a task as measuring delinquency. Two approaches can be taken to this problem: (1) assume a 'ball-park' approach and measure all aspects of family dynamics and see which one shows improvement; or (2) make an accurate assessment of which specific area of family interaction patterns is affecting the child's acting-out behaviour.

In the latter approach only a specific dimension or event would be measured. For example, it may be that a young boy's acting-out behaviour is a result of lack of personal one-to-one attention by a father who is out of town frequently on business trips. This factor could be measured in terms of the number of hours per week spent by the father in one-on-one social interaction with his son. This approach ot measuring the dysfunctional family relations objective is not only simpler and a more accurate measure of the important conditions present in each individual family, but the information is directly relevant to planning of the counselling strategy. Since assessment will reveal different areas or conditions of family interaction patterns for measurement and counselling, no single standardized instrument can be used. The best method for measuring a variety of factors like this is through the **Goal Attainment Scaling Technique.** 4 Goal attainment scaling involves setting behaviourally-measurable objectives for a youth, specifying an expected level of improvement, a more-than-expected level of improvement, and a less-than-expected level of improvement. Following intervention, an assessment is made of change along each objective. The goal attainment follow-up chart is shown in Appendix B.

If the first approach to measuring family interactions is taken, a standardized instrument may be used for assessing a number of different aspects of family interaction patterns. This type of standardized assessment will be more time-consuming than the Goal Attainment Scaling Technique and less accurate but simpler to use by untrained program staff. **The Ittelson Family Interaction Observation** Inventory 5 is one type of instrument for measuring family interaction patterns. **The Humbelsy Family Environment Scale** is another measure. A listing of the Ittelson scales are shown in Appendix C. Items from the Humbelsy scale are listed in Appendix D. However, many other standardized instruments exist. Other assessment instruments can be obtained by consulting with program staff from other local programs who conduct family therapy or consulting with clinical therapists in Social Work, Clinical Psychology, or Counselling Psychology at nearby universities.

Also, before undertaking extensive testing or program clients, consider whether the program is going to be providing sufficiently intensive counselling in that area that change could be expected to occur. If counselling is short-term and situational for a specific problem, then the

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4 Kiresuk, Thomas J. and Lund, Sander H. Goal Attainment Scaling in Evaluation of Human Services Programs, edited by C. Atkinson, W. Hargreaves, and M. Horowitz. New York: Academic Press, 1978.

5 Behrens. M., Meyers. D., Goldfark, W., and Fieldsteel, N. The Henry Ittelson Centre Family Interaction Scales. Genetic Psychology Monographs, 1967 80, 203-295.

goal attainment scaling procedure may be a better method for measuring change.

3. Improvement in specific social behavioural problems of youth displayed in the home or at school

Measurement of youth behaviour can also be approached through: (1) assessment and use of the goal attainment scaling technique for specific behaviour problems; (2) standardized testing of youth behaviour along multiple dimension; or (3) a simple but standardized behaviour checklist of selected behaviours. If it is the youth's behaviour at home that is under observation, parents should be enlisted to help in the observation and recording of incidences of inappropriate or acting-out behaviour. If it is the youth's behaviour or performance at school that is under observation, tne teacher should be asked to observe and record incidences of the behaviour in question.

In Appendix E is a youth behaviour checklist used by the Burnaby Youth and Family Counselling Program. In Appendix F are items from the Jesness Youth Behaviour Checklist, 6 a standardized instrument developed for a delinquent population to measure behaviour in terms of ten dimensions.

4. Increased knowledge for youth of the legal consequences of delinquent behaviour.

As was stated previously, measuring changes in the amount of knowledge on a topic is not easy. It can be reliably assumed that if someone lacks knowledge of the justice system, then he will not be able to answer questions about it. Similarly, if someone can answer all questions about the justice system then it is logical to assume he possesses sufficient knowledge. However, it is very possible a youth will know all about the consequences of his delinquent activities but chooses to ignore it and 'play ignorant' when questioned about his conduct after he has been apprehended for a criminal offence. A counsellor familiar with the youth will have to be the best judge of the validity of the youth's answers to those questions.

To measure this dimension, the evaluator or program staff will have to design their own questions. There are no standardized questions in existence.

A good way to ask youths what they know or feel is to describe a situation and then ask them what would be the consequences Score them as correct or incorrect. This method of questioning, which requires a person to produce the answer, is better than a method of questioning in which

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6 Jesness, Carl. The Jesness Behaviour Checklist. Palo Alto, California: Consulting Psychologist Press, 1970.

right and wrong answers are provided and the interviewee has to respond YES or NO. For example, a youth might be asked what would happen if he was picked up for shoplifting. Conditions can be specified such as his age, number of prior offences, where he was apprehended, etc.

5. Increased ability among family members and the youth in question to cope with personal and interpersonal problems

This is not an easy dimension to measure because first some underlying assumptions must be made about what is involved in **coping** with personal and interpersonal problems. Everyone experiences some stress and problems in daily life but people vary considerably in their response to these events. Since there are no standardized questions that exist to measure an individual's coping ability, the following process may help program staff uncover their own assumptions about this dimension and design their own set of questions.

The first thing to do is list the types of problems or crises that occur in most family situations. Some of them are specific to adult members of a family and some specific to the children, but nevertheless their impact tends to affect the whole family. The following is a list of family problems or crisis situations:

1. father loses job;
2. marital tension/fighting;
3. child suspended from school for hitting another child;
4. child temper tantrums;
5. child failing courses at school;
6. child running away from home;
7. car accident;
8. move to a new city;
9. new baby in family;
10. sudden severe illness of a family member;
11. severe subling fighting;
12. drug use by adolescent;
13. adolescent hanging around with 'bad friends;'
14. adolescent picked up by police for shoplifting;
15. alcohol problems in family.

The list can be continued as counsellors think of problems experienced by families they have counselled. The next thing is to identify inappropriate ways in which various family members can respond to these events. Following is a list of examples of inappropriate responses:

1. hitting the child;
2. youth running away from home;
3. more fighting;
4. yelling at other family members about how much you hate them;
5. youth quitting school;
6. marital fighting;
7. parents becoming increasingly disorganized from stress and failing to properly attend to children (supervision, nutrition, etc.)

As can be seen in this list, the responses to some stress events cause new stress events; the cycle often snowballing to a point where family violence occurs, a youth quits school and leaves home to join a street gang, etc.

The ability to cope with life events, therefore, is a function of recognizing the stressful events and doing something that reduces the stress rather than escalates it. People use many techniques, singly, or in combination, to reduce the stress or anxiety around life events.

Examples of some of these are as follows:

- talking to friends for support;
- engaging in sport activities, or other interests, for diversion;
- talking to a professional for advice;
- focusing on a strategy to rectify the problem;
- trying to understand why the event happened;
- making a rational consistent plan in response to the problem and sticking to it;
- relaxing or getting away temporarily.

Since everybody experiences different types of family problems and every family has different methods of coping appropriately, it might be best to measure this dimension by simply asking families to list certain stress events and to identify how they responded to the problem. Answers can be scored as simply appropriate or inappropriate.

6. Increased frequency and quality of communication between parent and child.

There are many standardized instruments for measuring the frequency and quality of communication between parent and child. Unless a program is highly focused on long-term family interaction and communication, program staff should not attempt to use any of these instruments as they require extensive training and entail detailed observation of the family. (Depending on financial and time constraints on the evaluation, the evaluator/researcher may engage in this type of assessment.)

Since this is a short-term family intervention program, is is likely any attempt to address the area of family communication will be focused on observable behavioural events that facilitate or restrict opportunity for communication between parent and child (e.g. the amount of time a parent spends in one-on-one conversation with a child about the child's likes and dislikes). The counsellor may also want to focus on symptoms of good and bad communication between parent and child. Talking about feelings and positive common experiences is good communication. Constant criticism of a child's behaviour or attitudes without providing an opportunity for the child to change is bad communication. Similarly, one-way parent-to-child conversations (lecturing) is bad.

To measure this dimension, it might be best to design a checklist of the indicators of good and bad communication. If program counsellors intend to focus counselling efforts on certain areas of parent-child communication, they might specify behavioural objectives that will facilitate more positive communication. Then by using the Goal Attainment Scaling Technique (Appendix B, Section 2), they will be able to measure the amount of improvement on these objectives.

* * *

Once the instrument or indicators have been selected to measure each of the outcome objectives, decide: (1) the amount or degree of change one can expect will occur (this can be open-ended or fixed; e.g. improvement is open-ended, completely eliminating a behaviour is fixed) for individuals and for your clients as a group; and (2) over what period of time one expects this change to occur.

For example, take the objective to reduce repeat involvement by youth in delinquent activities:

Expected Degree of Change	Time Period	Measure
To prevent any recidivism in at least 85% of the program's youths.	During the time from referral to the program and six months after termination.	As measured by the number of official reports in police files of repeat involvement by youths in a delinquent activity.

This example specified a 'degree of change' for both individuals and for the program clients as a whole. Improvement for individuals in terms of delinquent behaviour is awarded only if there is no repeat delinquent activity. Improvement for the program clients as a whole is awarded if 85 percent of youths do not recidivate. It is possible to credit improvement to a client if there is decreased involvement in deqlinquent activity, e.g. from three police arrests **in the year** prior to referral to one police arrest **in the year** after referral. (Note: the same standard of time prior to and after intervention is used).

These principles for establishing the expected degree of change apply for all other outcome dimensions. For example, the program manager may specifiy 85 percent of program clients demonstrate **some** degree of improvement in their behaviour as measured by the Jesness Youth Behaviour Checklist, even if there is an indication that the youths are still exhibiting behaviour--but to a lesser degree than was exhibited prior to their referral to the police-based youth and family counselling program.

Take each of the evaluable objectives and list them in terms of the expected degree of change, the time period, and the measure. The format shown in Form G may be used.

FORM G

Measurable Objectives - Expected Degree of Change

1. Objective One:

Expected Degree of Change	Time Period	Measure

2. Objective Two:

Expected Degree of Change	Time Period	Measure

3. Objective Three:

Expected Degree of Change	Time Period	Measure

4. Objective Four:

Expected Degree of Change	Time Period	Measure

5. Objective Five:

Expected Degree of Change	Time Period	Measure

5.5 Impact of Program on Community

While in theory the primary concern is the program's successful achievement of its process and outcome objectives, in reality an indirect objective of every program is to satisfy the community in which the program operates. In the case of police-based youth and family counselling programs, '**community**' can mean almost anything: potential referral families, past clients of the program, community social service agencies, probation officers, social workers, general duty police constables, police senior management, local council members, government representatives, school board officers, teachers and school counsellors, etc. Satisfying these community members can involve meeting program objectives or it can mean meeting all sorts of socio-political concerns of the various groups. Sometimes, some groups have no interest in what the program is doing or how successful it really is, but are only interested in how much media recognition or credit they can get for supporting and funding the program.

Program staff tend to believe that many of the concerns of the community members are not as important as their efforts to successfully intervene with delinquent youths and their families. However, unless attention is paid to the community's concerns, program staff may lose their active support. Consequently, staff may find they have few referrals, little cooperation in delivering service, and no back-up assistance when they want to refer families elsewhere.

Assessing the impact of a program on the community indicates whether or not the program is meeting the needs of the community and how well the goals and objectives of the program have been communicated to the general public. Further, assessing impact helps to identify areas of concern both to the program staff and the community that may be impeding efficient and effective program delivery. While, subjectively, program staff may be perfectly aware of most of these issues, conducting a formal survey and eliciting the open-ended opinions of community members and program clients serves three purposes:

1. it substantiates and provides hard data to document issues that are known but to which others (funders, administrators, etc.) will not pay attention;

2. it allows these people to have some input into what they think about the program--if there are problems, these people will now become more actively involved in helping to address them; and

3. it sometimes uncovers reasons why the program is not getting the desired support from certain community members. The program staff will be in a much stronger position to overcome resistance once the reason for it has been established.

A community satisfaction questionnaire should explore the opinions and knowledge of community members on:

- their involvement in the planning of the original program;
- their knowledge of the existence of the program;
- whether they have made any referrals and, if not, why not;
- the amount of interaction, communication, and feedback they have with program staff;
- their knowledge of the program services;
- their knowledge of the appropriate client population;
- their knowledge of the goals and objectives of the program;
- their perception of factors that may be adversely affecting the program;
- their overall feelings of satisfaction or dissatisfaction with the program.

Community satisfaction surveys can be conducted by interview (in-person or telephone) or by questionnaire (in-person or by mail). Questionnaire administration is the easiest and it is less time-consuming, but the response rate may vary from 50 percent to 80 percent. Interviews are a more reliable method of getting information from people about the program, but they are time-consuming (usually 1-2 hours per person). Using the telephone to conduct a survey is a little faster but it tends to be more intrusive and impersonal to the respondents.

A list should be prepared of all community groups and individuals who make referrals to the program or have some concern or involvement with the program. If it is not possible to survey all members of a particular group (i.e. all general duty police constables), randomly select a minimum ten to fifty percent sample. The sample should be large enough to ensure representation of all those concerned. Also, this list should include all names of prominent individuals who can have a significant impact on the survival of the program. Their opinion is valuable.

Design an interview guide or questionnaire to cover the issues that are of concern to the program in question. Each program will reflect the community's concerns with issues idiosyncratic to their community and thus a probe on all the issues listed in the sample questionaires would not be warranted.

Assessing the satisfaction level of past program clients can also be considered part of the assessment of program impact on a community. How these families feel about the program, whether they felt their needs were met, and whether they would come back themselves for help or refer others to the program is a good indicator of the public support for the program. Former clients who are not happy with the services they received (regardless of the validity of their accusations) can have a significant effect in influencing the perceptions of other social service workers in the community. Some of these individuals even gain a voice in the media. While no program operates simply to please the client population (may times they don't like the truths made apparent to them), it is important to be aware of the complaints they have about program staff or program operating procedures. Some of the complaints could be quite valid. Nobody but the client and the individual counsellor know what is going on in the confines of a closed office. To protect the integrity of a program and the counselling staff, solicit and give support to legitimate investigation of any client complaints.

In Appendix G is a simple client satisfaction questionnaire which can be mailed to former clients or given to them at the termination of program services. If the questionnaire is to be mailed at a later date, clients should be forewarned when they are terminated that this will happen. They should be told not to put their names on the form and they should be assured of the confidentiality of their responses.

5.6 Finalizing the Research Design

Up to this point, this manual has discussed the selection of 'evaluable' outcome objectives, the techniques for measuring the various attitudes, behaviours, or events specified in the program objectives, and the format of interview or survey questionnaires to assess level of community satisfaction with the program. The next step is to decide when data collection will take place and with what groups.

Consider again some of the possible research designs for determining program outcomes discussed in Chapter 1.0. First, there is the experimental research design which requires randomized pre-selection of the target population into two groups: a treatment or intervention group, and a control group that receives no treatment or intervention. Both groups must be measured on the relevant dimensions (specified in the impact objectives). The experiemental group receives the appropriate service or treatment, the control group receives nothing. At termination of the treatment or the services to the experimental group, both groups are retested. Any observed effects in the experimental group not observed in the control group are attributed to the program strategy.

Second, there is the quasi-experimental research design in which the experimental group or program clients are matched with a comparison group of individuals on characteristics such as age, sex, socio-economic status, the referral problem. Both the program group and the matched non-program youths are tested at the time program clients first receive services and after they receive services. Any observed effects in the program individuals not observed in the non-program matched control group are attributed to the program strategy. Attention must be given to any condition or characteristic (other than treatment) of the program clients that makes them different from the control group. It may be this condition or characteristic caused the change for the program clients, not the treatment (e.g. a stable, supportive family).

The third research design type is the single case before/after study. Program clients are tested at entry into the program, at termination of the program, and possibly at a follow-up interval on the relevant dimensions specified in the program outcome objectives. It is possible to determine whether the desired changes occurred but one cannot attribute them to the program strategy. The individuals may have changed regardless of the program (e.g., because of age maturation).

The fourth research design is one this author calls an 'inferred research design' because measurements of the program effect (behavioural, attitudes of knowledge of individuals participating in the program) are taken only at termination. The pre-program state is inferred to be poor. This assumption is made on the basis of the general characteristics of the program client population. For example, program clients are often tested at program termination on their level of self-esteem. It is inferred, because of the problems that led to a referral to the program, that a high level of self-esteem at termination is an improvement. The problem with this design is that it may be wrong to assume the entry level state of clients referred to the program. The use of an equivalent matched control group provides more validity to this design.

The evaluator must now decide which design to employ in the impact evaluation of the program. The experimental design is generallty impossible considering constraints placed on most operational youth and family counselling programs to accept everybody referred to the program. Consider designs two, three, and four:

1. Is there a neighbouring community in which an equivalent matched group of youths and families can be used as the comparison group?

2. For each dimension specified in the outcome objectives, is it possible to test youths and families in the comparison group at the same time the treatment program youth is first apprehended by police for at-risk or delinquent behaviour? Is it possible to test the youths and families two or three months later, and then about six months after that?

3. For each dimension specified in the outcome objectives, can one test the program youths and families at entry, at termination (two to three months later), and at follow-up (six months later)--the same intervals as the control group?

4. Is there time and manpower to test at least 50 program clients and to test at least 30 youths and families in the control group?

If the answer is **yes** to all these questions, then Research Design Two can be used. If the answer is no to any of the questions, then either the single case before/after design or the inferred before/after design can be used. The primary question is whether program staff have the time and whether families are willing to cooperate and be tested for two or three hours prior to entry into the program, at termination, and at follow-up. It may be that testing, on some dimensions, can be undertaken on an actual before/after basis while testing on others can be taken only at termination or follow-up (when assumptions concerning the entry-level state are well substantiated by literature or other data).

Shown in Table 2 is an example of a design that combines elements of all three designs depending on time and testing limitations.

TABLE 2

EXAMPLE RESEARCH DESIGN FOR A YOUTH AND FAMILY COUNSELLING PROGRAM

Client Outcome Dimensions	Program Group		Comparison Group		Testing Time		
	Youth	Families	Youth	Families	Entry	Termination (2-3mo)	Follow-Up (6 mo)
Delinquencies	x		x		x	x	x
Acting-Out/ Anti-Social Youth Behaviour	x		x			x	
Family Interaction Patterns		x		x		x	
Specific Problems (Goal Attainmnent Scaling)	x	x		x	x	x	
Coping Strategies		x		x	x	x	
Parent-Child Communication		x		x	x	x	

IMPACT ON COMMUNITY (TESTING PERIOD)

	Referral Agencies	Police	Council	Former Clients
Overall Level of Satisfaction	once a year	twice a year	once a year	6 months after termination
Needs are met	once a year	twice a year	N/A	6 months after termination
Quality of Relationship	once a year	twice a year	N/A	at termination
Information Exchange	once a year	twice a	N/A	N/A

Form H can be used to list each of the outcome dimensions, the instrument to be used for measuring achievemnt, the expected level of change as measured by the instrument, who will be tested, and when they will be tested. Do the same for the community and client satisfaction surveying.

5.7 Data Collection

Now that the evaluation study has been designed, set up procedures for collecting the data systematically on all program clients. This information should be recorded on forms where it is easily retrievable for comparing and aggregating across cases. Many social service programs obtain massive amounts of information on their clients but because it is hidden away in client files in a non-standardized format, it is difficult and vary time-consuming to compile it later in a standardized format.

Add to the list on Form H who will collect the data on clients and the procedures that will be taken to ensure this data will be collected. In addition to this information on the outcome dimensions, collect biographical information on the comparison groups -- similar to the kind of data collected at intake on the program youths (e.g. age, sex, family stability, delinquency history--See Chapter 4.0 on process analysis).

Since each youth or family is referred on different dates and terminated on different dates, the follow-up assessment dates will vary from client to client. Indicate on a calendar specific dates when each testing or data collection will take place for **each** youth and family in the program. Also record the dates for assessment of the youth and families in your comparison group (if you have one).

Finally, conduct the assessment of each client or control group/family at the appropriate time and record the full results in client files. The next section will specify procedures for scoring this data and using it to determine program effects on clients and community.

FORM H

SCHEDULE AND PROCESS OF CLIENT DATA COLLECTION
(Examples Provided)

Data to be Collected	What Individuals	Who Collects or Tests	When Collected	Control Procedures
Youth Delinquencies	1. program youth 2. comparison youth	secretary checks police files	1. at entry 2. at termination 3. 6-month follow-up	Date of next police file check is noted by name on diary or client statistics form.
Specific Client Objectives (Goal Attainment Scaling)	1. program youth 2. program families	counsellor	1. at entry - first two sessions 2. at termination last session	At termination, score is recorded immediately on client statistics form. At entry, fact that testing is done is noted.
Client Satisfaction	1. former program families	secretary sends out questionnaire or calls	6 months after termination	At termination, date of 6-month client assessment follow-up noted; telephone assessments are best.
Police Satisfaction	1. ten police constables 2. all senior officers families	counsellor	1. one year after program start-up	

5.8 Guidelines for Data Analysis and Interpretation

Since the analysis and interpretation of data on clients is quite different from the analysis and interpretation of data collected on community and client satisfaction, they will be dealt with separately in this section.

1. Client Outcome (change)

   a) Scoring and Analyzing Data

The procedures to follow for scoring the assessment data on youths and families and using it to determine the degree to which the program has affected change (in terms of program objectives) requires close attention. These procedures vary according to the research design selected. When exploring an 'experimental research design or the 'quasi-experimental research design,' in which the degree of change in clients caused by the program services is measured, assesments must be conducted on the relevant dimensions at **intake**, **termination**, and **follow-up** for both the **experimental (program)** group of clients and a **control group** of youths and families.

Listed below are the steps to be taken in deriving a 'change' score as an indicator of program's effect:

1. **For program clients**, compute a single score of performance on all dimensions measured at intake. For standardized instruments, use the scoring instructions provided. For example:

   - number of delinquencies/police contracts in the year prior to referral to the program;
   - number of behaviours checked on Youth Behaviour Checklist;
   - score on Family Interaction instrument

   (Note: there is no intake score for the goal attainment instrument as this is scored directly as a change score.)

2. **For program clients**, compute a single score of performance on all dimensions measured at **termination**. For each dimension, score in the same manner as was followed **for** scoring intake performance.

3. **For program clients**, subtract the post-program score from the pre-program score to derive a "change score."

4. For each dimension, determine the percentage of clients for which there was positive change, e.g. improved behaviour, increased knowledge, decreased delinquencies.

5. Carry out the above four steps for deriving a change score from the first to second assessment for all individuals in the control group. For each relevant dimension, determine the percentage of control group individuals for which there was positive change.

6. Compare the percentage of program clients who showed improvement with the percentage of control group individuals who showed improvement to reveal the **true** number (percentage) of clients who improved as a result of the program services.

7. If the percentage of those program clinets who improved is not much greater than the percentage of control group individuals who improved, then consider the following:

   - compare the percentages of program clients who did **not deteriorate** (improved or stayed the same) with the percentage of control group individuals who did **not deteriorate**.
   - compare the percentage of program cliens who improved a little vs. those who improved a lot with control group individuals who improved a little vs. those who improved a lot.

8. Compare data on the characteristics of the program clients with the characteristics of the control group (e.g. sex, ages, proir delinquency, stability of family, living arrangements) to be sure they are similar groups of families and youths with the same potential for changed behaviour or attitudes if no program was available.

When employing a **before/after** research design study to measure the impact of the program on clients, follow steps 1 to 4.

Steps to be taken for analyzing and interpreting data when the 'inferred research design' has been employed require some careful thinking. Remember, with this design, data has been collected on client behaviour, attitudes, and amount of knowledge at termination or at some later follow-up period, while inferring that the intake level on these dimensions was negative or low. In order to compute (that is, infer) a 'change score' indicating improvement, deterioration or no change, establish a standard baseline score for each outcome dimension for program clients at intake. This will differ depending on the dimension being measured. (It is better to err on the side of conservatism to avoid the trap of falsely attributing improvement). For example, it is common to assume all youths referred to the program have had some contact with police for actual, suspected, or borderline delinquent behaviour. If, in the six months to one year following the police-based youth and family counselling program, the youth is not reported to have any involvement in delinquent activities, it can be assumed the youth's behaviour has improved.

Standardized instruments that measure youth behaviour (e.g. Jesness Youth Behaviour Checklist) or family interaction patterns (e.g. Ittelson Family Interaction Inventory) generally provide some norms on normal and abnormal (e.g. delinquent, disturbed) populations. The best that can be done is to assume either a general state of improvement, deterioration, or no change. The degree of improvement (or deterioration) cannot be determined.

With the difficulties inherent in assuming a pre-program level of performance for clients, the best that can be done is to assume a general state of improvement, deterioration, or no change. It is not possible to determine the degree of improvement (or deterioration).

The next section will discuss some of the difficulties in interpreting the 'change score' or 'improvement' judgment, particularly in cases where a before/after study or inferred research study has been employed.

b) Interpreting the Results

Interpreting the results is much more difficult than collecting and scoring the data on clients in a program. This is because there are many factors that can influence the kind of data obtained. Be aware of all or most of them and, depending on the research design selected, attempt to control or account for any factors (different from the program services) that might have caused the changes in client performance on the outcome dimensions.

There are many factors that can cause changed behaviour, attitudes, or amount of knowledge displayed by clients in the program. Maturation is the obvious example. Adolescents grow up, mature, and with increased wisdom or understanding about their social environment, frequently cease their acting-out delinquent activities. Some factors, other than the program services, can account for changed performance in youths who have been apprehended by the police and referred to a police-based youth and family counselling program. Some of these are:

- maturation;
- fear of the police; being jailed for committing a delinquent act;
- increased supervision by parents;
- increased supervision by a probation worker;
- curfew imposed; limiting of opportunity (unsupervised free time) to get into trouble;
- removing youth from association with a 'bad' gang of friends;
- improved performance at school caused by a special tutoring program;
- increased awareness and attention by parents to their child's needs;
- youth acquires a close friend; support network.

Generally, a sizeable percentage of youths (probably 50-60 percent) who are apprehended for a first-time delinquent offence never repeat the offence or never come into contact with police again. 7 Many of the factors listed above are responsible for this. In addition, girls are less likely to act-out in a delinquent fashion than boys. Dysfunctional family interaction problems that may have initially precipitated the acting-out behaviour may spontaneously change or become less influential on the youth's behaviour or emotional state. Or it may be the disruptive youth acquires a better means of coping with the family, school, or peer environment (e.g. having a close friend to talk with) and no longer is as deeply affected by disruptive events as he once was.

Using a randomly selected or well-matched control group allows control of these factors since they would be common to both the program group and the control group and can be subtracted out.

In addition to environmental factors that can account for youth and family changes independent of the program, there are other factors about the testing itself that may artificially produce a positive change score.

The individual conducting the before and after assessment may deliberately (or even unconsciously) use 'tough' standards for measuring performance at intake and use more lenient standards at termination and follow-up. A positive change score is inevitable. This factor is called "experimenter bias." If the experimenter bias is the same for both the program and control group assessment, then it will be controlled by the experimental and quasi-experimental design. However, usually experimental bias

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7 W. S. Davidson et al. Evaluation and Criminal Justice Policy, edited by R. Roesch & R. Corrado, Sage Publications, 1981.

occurs in favour of the program clients and against the control group. Similar to experimenter bias is client self-reporting bias. Once a youth or family has been in counselling for a while, they may report improvement or cessation of problems in order to please the counsellor. Careful attention must be paid to these factors.

Another factor that can affect the type of data collected on youths and families concerns the assessment instrument itself. It is possible the assessment instrument is inaccurate or 'too crude' an indicator of the behaviour, attitudes, or knowledge in question. Thus, selection or designing of assessment instruments is an important task. If in doubt about the validity of any instrument used to measure a behaviour, attitude, or level of knowledge, do not use it. In addition to conern about the validity of the assessment instrument, attention must be paid to the consistency and reliability of the data collection procedure. Assessments must be carried out in the same way for each individual in the program group and the control group. For example, when determining whether a youth has had repeat contract with the law after leaving the program, check police files on each and every youth. Do not depend on hearsay from a probation officer or the youth being referred back to the program.

If an experimental or quasi-experimental research design has been employed, check to see if the program client group is similar in characteristics to the control group. This is to ensure the youths' behaviour and families' conditions did not improve on their own for reasons other than the program services. However, watch for bias by the counsellor conducting the assessment and by the youth or family self-reporting on problems. It is also necessary to be sure the instrument or scale being used to measure a dimension is an accurate measure of that dimension. In particular, this is a concern for any instrument or scale used to measure youth or family attitudes on various topics.

When using the before/after and inferred research study, all conditions or factors that can produce changes independent of the services provided to the family or youth must be considered.

The factors discussed above are some of the issues one must take into consideration when interpreting the change scores on program clients and when crediting the program with success. For a more complete academic discussion of many of these issues read Campbell and Stanley, 1966[8] or for a delinquency prevention program-oriented discussion, read Rowe (1981). 9 Analyzing and interpreting program data is a difficult task--therefore at this point you may consider the assistance of a trained evaluation or social research professional.

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[8] Campbell, Donald T. and Stanley J.C. *Experimental and Quasi-Experimental Designs for Research*. Chicago: Rand, McNalley, and Company, 1966.

2. Community and Client Satisfaction

a) Scoring and Interpreting Data

In most cases, information on the degree of community and client satisfaction with a program is obtained only after the clients have received services or the program has been running for some time. It can be assumed that most community presesentaties and clients hold a neutral attitude toward a program when the program first begins; that following the delivery of services for a period of time attitudes toward the program become positive, negative, or do not change. Thus, much of the client and community satisfaction data can be scored in terms of the percentage of clients or community satisfied or supportive of the program. This is particularly the case for scoring responses form clients or community representatives on questions about the usefulness of the program, their satisfaction with the program, whether their needs were met, whether they would recommend others be referred to the program, etc.

Community (and to a lesser extent, client) satisfaction can also be evaluated in terms of the amount of knowledge it has acquired about the program and the degree to which it supports the program.

Knowledge about a program could mean knowledge about the type of people who should appropriately be referred to the program, the type of services to be offered, the objectives of the program, etc. Responses to such questions can be scored on a 0-to-3 scale, assuming community representatives have no knowledge about the program. The percentage of community representatives from social services, education, and police who have acquired full knowledge about the program can be calculated.

The degree to which a community is supportive of a program can be evaluated in terms of the number of referrals it makes to the program (if there is opportunity), the number of times it initiates contact with police-based youth and family counselling program staff, the number of times it accepts referrals from the police-based youth and family

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9 Rowe, W. Evaluation of Operational Human Service Programs. Ministry of Attorney General, Queen's Printer, 1981.

counselling program (if applicable), the number of positive or constructive versus negative statements it makes about the program, the number of attempts it makes to participate in the process of strengthening rather than undermining the program, etc. Data on each of these questions (listed above) can be scored on a 0-to-3 scale in terms of zero to positive assistance to the program. Destructive actions or statements about the program that are undermining its operational efficiency and effectiveness can be scored in a similar fashion.

In the end, an overall judgment of the community representatives who are satisfied, knowledgeable, and supportive of the program must be made. The degree of satisfaction, support, and increased knowledge should be taken into account. Subtracted from this (qualitatively rather than quantitatively) are the proportion of community representatives surveyed who show no support, satisfaction, and increased knowledge abut the program and the proportion of community representatives who actively undermine the ongoing successful operation of the program. Many of the functions described above can be performed in a qualitative rather than quantitative fashion.

When interpreting the results, particularly answers to in-person interview questions, watch for attempts by the interviewee or quesionnaire respondent to cover-up his true attitudes about the program. Also watch for the interviewer's biases in asking, recording, and interpreting the answers. To deal with this problem, careful prompting of the initial answer to any question and asking of several questions that address the same issue but in a slightly different fashion is effective.

CHAPTER 6.0

USING RESULTS -- REPORT WRITING

Once the results of the evaluation of the program's operation, its impact on clients and community, and the external or internal factors affecting its efficiency and effectiveness have been obtained, this information should be used:

- to reduce areas of inefficiency - wasted staff time;
- to serve the real needs of the target population;
- to deliver appropriate services;
- to affect a change in youth delinquent behaviour;
- to maximize assistance to families dealing with internal crisis.

This can be done immediately.

In addition to employing the results to improve the operational efficiency and effectivness of the program, use them to **inform the funders, police, and citizen community about what the program has been doing and what benefits are being achieved for the amount** of money expended. Also, the funders, police, and citizen community will have specified concerns (often related to political issues) about the program and how it is serving the needs of the community. When a limited supply of money has to be allocated to one program and not to others, meeting the political agenda of the funding bodies is a real issue. While funders care about whether the program helps the client groups, they are also concerned with image -- how the program looks or is accepted by the voting citizens of that community. Sometimes the most effective programs are terminated because there is no suport or there is criticism from individuals or a group (e.g. a citizen board, union, social service agency) who are competing for a limited supply of funds.

Check back to the list of problems and objectives for the program as perceived by the funders, police, social service community, and citizens. This will indicate the major concerns that should be addressed in an evaluation report.

A report must be prepared to inform the funders, managers, and the citizens of a community about a program, its degree of success, and what efforts and modifications have been taken to promote ongoing success. The objective of a report is clear, **concise communication**. It is also an acceptable standard among many audiences that communication about the program, the evaluation process, and the results should be sufficiently detailed to permit someone else to replicate the study. Given the nature of operational programs, the variety of evaluation techniques used, and the type of audience (police, funders, citizen boards, social workers) receiving the report, it may be better for the report to strive for achieving **reader understanding** of the evaluation process and reader **attention to important findings**. This may require a short summary report with extensive graphics that omits some of the details required for true replication of the evaluation study. Strive to keep the main body of the report under **50 pages**. Appendices can be another 10 to 20 pages. Many readers tend to be "turned off" by long reports, no matter how good. Depending on the reader audience, a longer report may be possible. Always have a 2 to 10 page executive summary of the report findings (again, depending on the audience) for presentation to boards and citizen groups, etc.

Most funders appreciate receiving a report on the program's activities every six months or at the end of every year of operation. A comprehensive evaluation report prepared annually would be different from progress reports on current activities that are often submitted every three or four months. In this section, the preparation of an annual or biannual evaluation report will be discussed--the contents, the style, the format, and the length of each section. The sections of an annual evaluation report are as follows:

Executive Summary
Acknowledgements
Table of Contents
List of Tables, Appendices, Figures
History of Program
Program Description
The Evaluation Process - Data Collection Methods
Program Activity During the Evaluation Period
Program Impact on Clients and Community
Discussion and Recommendations
Appendices

The executive summary of a report should be written after all other sections of the report are complete, and therefore will be discussed at the end of this chapter. The acknowledgements page, table of contents, and list of tables, appendices, and figures is fairly straightforward so nothing more will be said about them here.

1. History of Program

This section on the history of the program should contain information on how long the program has been operating, the history of its development, what empirical evidence exists supporting the effectiveness of the intervention or treatment mode adopted (including reference to previous or similar type programs elsewhere), the social problems that precipitated a need for the program, the funding history, and what program activities have occurred prior to the present period of evaluation. This information should be presented in 2 to 5 pages.

A first-year report should be quite detailed, but subsequent reports can merely provide a brief summary and refer to the first-year report. Second- or third-year reports need to present additional information on the findings of previous year evaluations (the conclusions) and what modifications to the program were instituted as a result of the recommendations arising from that report.

This entire section should be no more than 5 pages.

2. Program Description

The program description section of the report should contain detailed information on the program model:

- the goals and objectives;
- the treatment and philosophical assumptions underlying the program;
- the target population;
- the intended services;
- the total available resources (funds, staff, equipment, office space, volunteers, community services, etc.);
- the operating procedures.

This section will be easy to prepare, as much of this information has already been documented as part of the evaluation process. A first-year report should be quite detailed, but in subsequent reports one can provide a brief summary and refer to a complete description of the model in an appendix or in the first-year report.

3. The Evaluation Process - Data Collection Methods

It would be impractical to describe in detail here all of the procedures taken to collect data on the efficiency and effectiveness of the program. It would be sufficient simply to list the evaluation questions; list the data collected on program clients, operations, and services (a copy of the monitoring form can be made available in the appendix); briefly describe the research design method used to judge whether there have been any client changes (e.g. quasi-experimental, before/after study); specify which 'evaluable objectives' were being measured to judge program success; specify the data collection schedule; and list the general interview questions used to determine client and community satisfaction. Indicate persons who have been interviewed about the program.

A copy of each assessment instrument or a sample of the items should be made available in the appendix of the report.

4. Program Activity During the Evaluation Period

In this section, present data that has been collected over the year on:

- the volume and type of program services delivered;
- the characteristics of clients serviced during that time (sex, age, delinquency background, family, etc.);
- the program operation procedures (in particular, document all changes that have occurred or new procedures instituted). (Note: a distinction should be made between those changes recommended at the close of the previous year and those that were not recommended changes);
- administrative issues (those aspects of staffing, funding, and management that are positively and negatively affecting program delivery).

This section should be concluded with a discussion on whether the program is operating efficiently and smoothly and whether it is operating in a manner consistent with the planned program model. Included in this section should be a discussion of those factors which have been responsible for the successful or the nonsuccessful delivery of various program services.

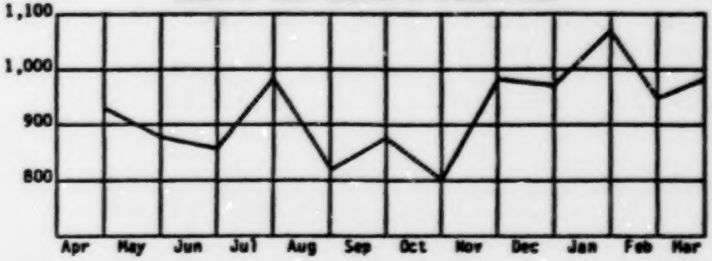
The presentation of quantitative data on program activities is important in order to maintain reader attention. Presenting large amounts of raw numbers and percentages in text form is often confusing and boring. To highlight these numbers and, in particular, the patterns of data over time (for example, the number of referrals each month over the year), graphics are a useful presentation technique. There are many graphic techniques for displaying numerical data. Several of these are shown in Figure 5 .

FIGURE 5

SAMPLE METHODS FOR GRAPHIC PRESENTATION OF DATA

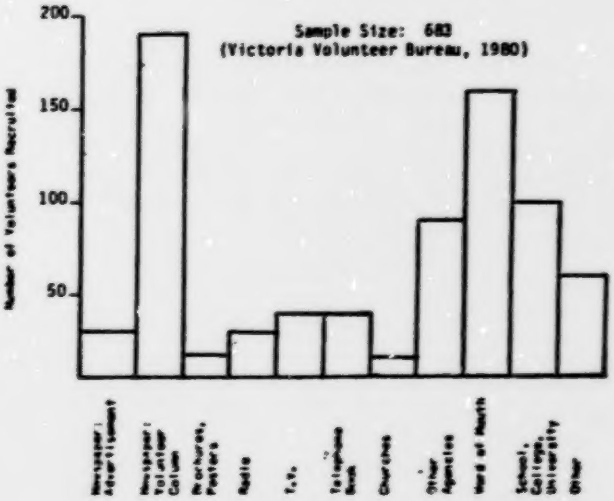
LINE GRAPH

NUMBER OF CALLS RECEIVED BY A CRISIS LINE



BAR GRAPH

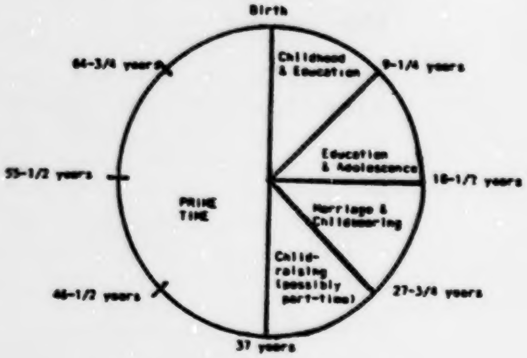
COMPARISON OF METHODS FOR RECRUITING VOLUNTEERS


Sample Size: 683
(Victoria Volunteer Bureau, 1980)

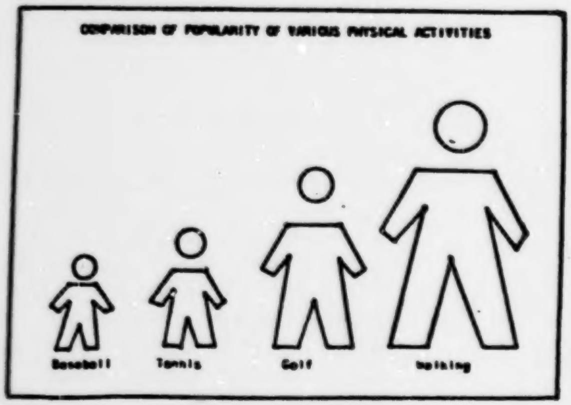
Pie Charts

A WOMAN'S LIFE

(From Prime Time - A Project for Women in their Middle Years)



Comparative Representation


COMPARISON OF POPULARITY OF VARIOUS PHYSICAL ACTIVITIES

5. Program Impact During the Evaluation Period

This section should contain all data on the client outcomes (i.e. changes that occurred with clients as a result of the program), client satisfaction with the program, and the community's satisfaction and knowledge about the program. Client satisfaction and community satisfaction data can be summarized and represented in text form. Letters of support for the program from community groups should be included in the appendix.

The data on client outcomes should be carefully presented with the use of graphics. A brief description should be given on how client data has been analyzed and interpreted to indicate whether the program has affected any changes. Depending on the research design of the study, the interpretation of client outcome data is disputable, so the evaluator must explain to the readers how the various conclusions have been derived.

Finally, the evaluator must integrate all available data in order to arrive at a conclusion on whether the program has achieved its outcome objectives. In this section, all factors responsible for the successful or unsuccessful impact of the program on its client population and on the community should be discussed. This section of the report should be kept under 15 pages.

6. Appendices

Information is placed in the appendix of a report in order to keep the main body of the report short and yet provide sufficient data to those readers who wish to assess how the study has been conducted and how conclusions have been made. Information to be placed in an appendix includes a detailed description of the program model, raw data on program activities and clients, copies of the assessment instruments and questionnaires, letters of support from community groups, etc. It may be the appendices will be as long or longer than the main body of a report.

7. The Executive Summary

The executive summary may be the most critical component of a report for it may be the only section read by the funders or board. The main purpose for this summary is to give the reader a quick overview of the entire program in 2 to 5 pages.

In this section, present information in two or three sentences on each of the following points:

- name, length of operation, funders, and size of staff;
- program goal and underlying philosophy;
- program objectives and client population;
- program services and critical operational procedures;
- evaluation results on volume and characteristics of serviced population;
- evaluation results on client outcomes;
- degree of community satisfaction with the program;
- concluding statement on whether the program is successfully meetings its objectives and whether it is operating efficiently according to its program plan;
- isolation of critical factors hampering success and listing of the main recommendations.

APPENDIX A

SELF-REPORT DELINQUENCY QUESTIONNAIRE

1. Have you ever been questioned as a suspect by the police about some crime?

never	once	two times	several times	lots of times
0	1	2	3	4

2. Have you ever been held by the police or court until you could be released into the custody of your parents or guardians?

never	once	two times	several times	lots of times
0	1	2	3	4

3. Have you ever been placed on probation by a juvenile court judge?

never	once	two times	several times	lots of times
0	1	2	3	4

4. Have you ever been caught stealing or breaking into a house by police or owner?

never	once	two times	several times	lots of times
0	1	2	3	4

5. Have you ever been sentenced to a training school, reformatory, or jail by a judge?

never	once	two times	several times	lots of times
0	1	2	3	4

6. Have you ever broken into a house, store, school, or other building and taken money, stereo equipment, guns, or something else you wanted?

never	once	two times	several times	lots of times
0	1	2	3	4

7. Have you ever sold something you had stolen and got more than $100.00 for it?

never	once	two times	several times	lots of times
0	1	2	3	4

8. Have you ever taken hubcaps, wheels, the battery, the radio, or some other expensive part of car without the owner's permission?

never	once	two times	several times	lots of times
0	1	2	3	4

9. Have you ever taken things worth less than $50.00 from a store without paying for it?

never	once	two times	several times	lots of times
0	1	2	3	4

10. Have you ever threatened to beat someone up if they didn't give you money or something else you wanted?

never	once	two times	several times	lots of times
0	1	2	3	4

11. Have you ever gotten into a fight where you or the other person had to be taken to a doctor?

never	once	two times	several times	lots of times
0	1	2	3	4

12. Have you ever taken a car belonging to someone you didn't know for a ride without the owner's permission?

never	once	two times	several times	lots of times
0	1	2	3	4

13. Have you ever broken into a house, store, school, or other building and proceeded to break things up or cause other damage?

never	once	two times	several times	lots of times
0	1	2	3	4

14. Have you ever taken things of value (worth more than $50.00) from a store without paying for it?

never	once	two times	several times	lots of times
0	1	2	3	4

15. Have you ever taken things or money (more than $10.00 value) from a wallet or purse (or the whole wallet or purse) while the owner wasn't around or wasn't looking?

never	once	two times	several times	lots of times
0	1	2	3	4

16. Have you ever taken a bicycle belonging to someone you didn't know with no intention of returning it?

never	once	two times	several times	lots of times
0	1	2	3	4

17. Have you ever tried to pass a check by signing someone else's name?

never	once	two times	several times	lots of times
0	1	2	3	4

18. Have you ever intentionally started a building or a large pile of material on fire?

never	once	two times	several times	lots of times
0	1	2	3	4

19. Have you ever been the watchdog while a friend broke into a house and stole several valuable items such as money, jewellery, the stereo?

never	once	two times	several times	lots of times
0	1	2	3	4

20. Have you ever stolen things (worth more than $10.00) from a place where you were working?

never	once	two times	several times	lots of times
0	1	2	3	4

21. How often do you get drunk each week?

never	once	two times	several times	lots of times
0	1	2	3	4

22. Have you ever gotten into a fight or done something illegal while you were drunk?

never	once	two times	several times	lots of times
0	1	2	3	4

Level at intake ✓
Level at follow-up *

Level at intake:
Goal Attainment Score:
(level at follow-up)
Goal attainment change Score:

GOAL ATTAINMENT FOLLOW-UP GUIDE

Check whether or not the scale has been mutually negotiated between client and counsellor	Scale Headings and Scale Weights				
	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Scale Attainment Levels	Scale 1: $(v_1 = \quad)$	Scale 2: $(v_2 = \quad)$	Scale 3: $(v_3 = \quad)$	Scale 4: $(v_4 = \quad)$	Scale 5: $(v_5 = \quad)$
a. most unfavourable treatment outcome thought likely (-2)					
b. less than expected success with treatment (-1)					
c. expected level of treatment success (0)					
d. more than expected success with treatment (+1)					
e. best anticipated success with treatment (+2)					

Serial No. .... Project No. 120-2-1
Name .... Date of Visit ....
Age .... mos. Examiner ....

Pre-admission ......
Dur. Rx. Mos. after admission ......
Mos. after discharge ......

ITTLESON CENTER

FAMILY INTERACTION SCALES

(Summary Score Sheet)

Group 1: Family Investment of Selves in Home Score

1.0.1, Maintenance and Furnishings ....
1.0.2, Cleanliness and Orderliness ....
.... —
Subtotal

Group 2: Family Group Patterns of Interaction

2.0.1, Verbal and Nonverbal Interaction ....
2.0.2, Family Alignments ....
2.0.3, Mutual Warmth and Affection ....
2.0.4, Mutual Support and Cooperation ....
2.0.5, Mutual Satisfaction ....
2.0.6, Common Interests and Activities ....
2.0.7, Authority ....
2.0.8, Role Functioning ....
2.0.9, Family Group Atmosphere ....
.... —
Subtotal

Group 3: Interaction of Husband and Wife as Marital Partners

3.0.1, Reciprocal Warmth and Affection ....
3.0.2, Balance of Dominance ....
3.0.3, Mutual Support ....
3.0.4, Cooperation ....
3.0.5, Compatibility ....
3.0.6, Verbal and Nonverbal Interaction ....
3.0.7, Maturity and Interdependence ....
3.0.8, Functioning of Husband and Wife in Their Roles ....
.... —
Subtotal

Group 4: Interaction of Husband and Wife as Parents

4.0.1, Division of Labor in Care of Children ....
4.0.2, Agreement on Rearing of Children ....
4.0.3, Sharing of Pleasure in Children ....
4.0.4, Mutual Support and Cooperation ....
4.0.5, Conformity to Traditional Parental Roles ....
.... —
Subtotal

ITTLESON CENTER *FAMILY INTERACTION SCALES (continued)*

(Summary Score Sheet)

Group 5: Parent-Child Interaction

Subgroup 5.1, Freedom of Interaction Mother Father

5.1.1, Overall Interaction ....
5.1.2, Verbal Interaction ....
5.1.3, Physical Interaction ....
5.1.4, Nonverbal Interaction ....
.... — —
Subtotals

Subgroup 5.2, Emotional Interaction

5.2.1, Spontaneity of Interaction ....
5.2.2, Warmth, Affection and Pleasure ....
5.2.3, Decisiveness ....
5.2.4, Consistency of Emotional Relatedness ....
.... — —
Subtotals

Subgroup 5.3, Parents' Acts Toward Child

5.3.1, Mode of Relating to Child ....
5.3.2, Control of Child ....
5.3.3, Demands Made of Child ....
5.3.4, Imposition of Routines ....
5.3.5, Anticipation of Child's Physical Needs ....
5.3.6, Meeting of Child's Demands ....
5.3.7, Participation in Child's Activities ....
.... — —
Subtotals
Group 5 Totals of Mother and Father scores
Average of Mother and Father scores

Group 6: Child-Parent Interaction Score

6.0.1, Compliance of Child With Parental Control and Demands ....
6.0.2, Demands on Parents by Child ....
6.0.3, Absence of Marked Preference ....
.... —
Subtotal
Total score*

Group 7: Child-Child Interaction**

7.0.1, Mutual Acceptance ....
7.0.2, Sharing of Parents ....

---

* Use average of Mother and Father subtotals of Group 5, plus sum of all other scores excluding Group 7.

** Score of Group 7 not included in Total score.

APPENDIX D

HUMSBLEY FAMILY ENVIRONMENT ITEMS

Reponse Options:

a) Strongly agree
b) Agree
c) Unsure
d) Disagree
e) Strongly disagree

1. My family is interested in what I do.
2. We do not have set rules in my family.
3. My parents would be very upset if they thought that I had started drinking alcohol.
4. My parents like to do things together.
5. My parents trust me.
6. At home we never talk about science or world events.
7. My family gets pretty emotional some times.
8. My family respects me.
9. "A place for everything and everything in its place" describes my home.
10. My parents don't care if I get good or bad grades.
11. My parents don't talk much to each other.
12. Nobody pays much attention to me at home.
13. We seldom have parties or dinner guests at home.
14. My family is a noisy group.
15. It is difficult to enjoy being at home.
16. Things tend to keep on schedule in my family.
17. My family isn't likely to get upset about students in my school taking drugs.
18. My parents and I do a lot of things together.

19. My family is proud and pleased with me.
20. My family keeps pretty much to itself.
21. Members of my family seldom speak their minds.
22. People in my family tend to ignore each other.
23. My family never plans things well ahead.
24. My family thinks that my being successful isn't important.
25. My parents really love each other.
26. My parents usually consider my feelings.
27. My family often has neighbours dropping in to visit.
28. My family is very calm and never gets excited.
29. In my family, we don't spend much time together.
30. Home is a fun place.

APPENDIX E

YOUTH BEHAVIOUR CHECKLIST

Name____

Referral Problems Checklist: (omit obviously inappropriate questions; ask parents which behaviours are of sufficient concern to them to warrant effort of change):

Behaviour	Home	School	Community
Aggressiveness			
Aruging			
Bedwetting (or clothes)			
Overly Competitive			
Complaining, whining			
Crying			
Daydreaming (in a world of their own)			
Definance			
Depression, sadness			
Destructiveness			
Drinking			
Drug use, marijuana smoking			
Fighting, peers, siblings (physical)			
Fire setting			
Irritability			
Isolates self from family			
Teasing (provoking sibs - tattling)			
Temper tantrums			

Behaviour	Home	School	Community
Uncommunicative			
Short Attention Span			
Jealousy			
Lying			
Negativism (self, general)			
Nervousness, fearfulness, jumpy			
Non-compliance			
Over-eating			
Pouting			
Profanity			
Rowdiness, noisiness			
Running around (wandering)			
Running Away			
Self Injury			
Skipping meals, refusing to eat			
Soiling			
Staying out late			
Truancy			
Stealing			

APPENDIX F

SAMPLE ITEMS FROM THE JESNESS YOUTH BEHAVIOUR CHECKLIST

by Carl F. Jesness, Ph.D.

Sample Items

Never	Not Often	Sometimes	Fairly Often	Very Often		
☐	☐	☐	☐	☐	1.	Interrupts or distracts others
☐	☐	☐	☐	☐	2.	Has been seen to compliment or encourage others.
☐	☐	☐	☐	☐	8.	Agitates, teases, laughs at, or ridicules others.
☐	☐	☐	☐	☐	12.	Makes appropriate responses to others, speaks when spoken to, smiles when others smile at him, etc.
☐	☐	☐	☐	☐	16.	Upset if he can't have or do something right now.
☐	☐	☐	☐	☐	43.	Steals or takes things without permission.
☐	☐	☐	☐	☐	50.	Can take kidding or teasing without becoming upset or anxious.
☐	☐	☐	☐	☐	58.	Becomes depressed or withdrawn when frustrated or criticized.
☐	☐	☐	☐	☐	60.	Is short-tempered and quick to show anger.
☐	☐	☐	☐	☐	21.	When corrected, shifts blame, makes excuses, or complains that it is unfair, etc.

Never	Not Often	Sometimes	Fairly Often	Very Often	
☐	☐	☐	☐	☐	31. Complains about or expresses low opinion of counselors, police, or other authority figures.
☐	☐	☐	☐	☐	32. Shows initiative: goes ahead to next tasks, makes good use of free time, etc.
☐	☐	☐	☐	☐	35. Actively resists authority: argues with decisions and complains when told what to do.
☐	☐	☐	☐	☐	65. Is cheerful. Laughs and smiles.
☐	☐	☐	☐	☐	66. Becomes aggravated or abusive when frustrated or his will is opposed.
☐	☐	☐	☐	☐	74. States or demonstrates that he distrusts person in authority such as teachers, counselors, therapists, etc.
☐	☐	☐	☐	☐	79. Verbalizes realistic understanding of ways and means of coping with parents and/or home situations.

Consulting Psychologists Press
577 College Avenue, Palo Alto, CA 94306

APPENDIX G

CLIENT SATISFACTION QUESTIONNAIRE

1. Who is filling out this questionnaire: (check one)
_____guardian _____youth

2. Indicate the date that you last had contact with the Burnaby Youth Services:
_____day _____month _____year

3. Indicate the date that you completed this questionnaire:
_____day _____month _____year

4. The next 8 questions ask you how satisfied you were with the services you received. Circle the rating that represents the best answer to the question:

a) How would you rate the quality of service you received?

Excellent	Good	Fair	Poor
4	3	2	1

b) Did you get the kind of service you wanted?

No, definite-itely not	No, not really	Yes, generally	Yes, def-itely
1	2	3	4

c) To what extent has the program met your needs?

Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met
4	3	2	1

d) If a friend were in need of similar help, would you recommend the program to him/her?

No, def-itely not	No, I don't think so	Yes, I think so	Yes, definitely
1	2	3	4

e) How satisfied are you with the amount of help you received?

Quite Satisfied	Indifferently or mildly dissatisfied	Mostly satisfied	Very satisfied
1	2	3	4

f) Have the services you received helped you to deal more effectively with your problems?

Yes, they helped a great deal	Yes, they helped somewhat	No, they really didn't help	No, they seemed to make things worse
4	3	2	1

g) In an overall, general sense, how satisfied are you with the service you received?

Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied
4	3	2	1

h) If you were to seek help again, would you come back to the program?

No, definitely not	No, I don't think so	Yes, I think so	Yes, defitely
1	2	3	4

5. Indicate who was your counsellor (check one):

(1)____________name (2)_____________name

6. The next 14 questions ask you about your relationship with your counsellor. (Circle the best answer per question).

a) I distrusted the counsellor. (c1+)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

b) The counsellor acted cold and distant. (c1+)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

c) The counsellor was very patient. (c1-)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

d) I believe the counsellor had a genuine desire to be of service to me. (c1-)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

e) The counsellor acted as though he/she thought my concerns and problems were important to him/her. (c1-)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

f) I felt the counsellor accepted me as an individual. (c1-)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

g) The counsellor insisted on being right always. (c1+)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

h) In our talks, the counsellor acted as if he/she were better than I. (c1+)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

i) The counsellor acted as if he/she had a job to do and didn't care how he/she accomplished it. (c1+)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

j) The counsellor acted uncertain of himself/herself. (co+)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

k) The counsellor gave the impression of "feeling at ease." (co-)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

l) In opening our conversations, the counsellor was relaxed and at ease. (co-)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

m) The counsellor was awkward in starting our interview. (co+)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

n) The counsellor seemed restless while talking to me. (co+)

Never	Rarely	Sometimes	Often	Always
5	4	3	2	1

7. Do you have any additional comments to make about the services you received?

____

____

____